

Risk Assessment & Action Strategy

Plant Description	Trampolines	Date of Assessment: Reviewed January 2012
Location	Behind Hall on grass area	Assessor/s Geoff Caldwell

<input type="checkbox"/> Camp Wilkin Baptist Centre	<input type="checkbox"/> Burnside Camp	(A) This equipment MUST only be used by externally certified personnel. (Extensive proven prior experience/learning may be acceptable) (B) Formal in-house training is required before using this equipment (C) Safe Operating Procedures (SOP's) must be read, adhered to by all users of this equipment
<input checked="" type="checkbox"/> Halls Gap Baptist Centre...	<input type="checkbox"/> Other..... Name	

HAZARD TYPE	HAZARD		INITIAL HAZARD LEVEL	INITIAL COMMENTS	ACTION/STRATEGY IMPLEMENTED			FINAL HAZARD LEVEL	
	Yes	No			A	B	C		
Entanglement/Entrapment ie -loose clothing	X		16	Clothing caught on net.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	Ensure they not wear lose clothing
Crushing ie rollover, press or vice	X		16	Person landing on someone else.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	One only on trampoline at a time, others standing clear.
Cutting	X		8	Bounce off tramps onto net then hit the ground.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	Supervision by responsible adult controlled bouncing.
Stabbing Shearing Puncture	X		8	Bounce off tramps onto net hit the ground	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	Supervision by responsible adult controlled bouncing.
Confined Space/Suffocation ie vessels pits tanks		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Friction	X		16	Blisters from tramp surface, falling on rubber.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	Wear socks, minimise bare skin contact, supervision for safe bouncing.
Striking ie Impact injuries		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
High Pressure liquid/fluid ie gas bottles, hydraulic lines, fuel lines		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Electrical ie power-points, cables, plugs,leads		X			A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Radiation Exposure ie UV rays welding etc	X		16	Trampolines outdoors.	A YES <input type="checkbox"/> NO <input type="checkbox"/>	B YES <input type="checkbox"/> NO <input type="checkbox"/>	C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	8	Hats and sunscreen to be used for protection.
Slip - Trip - Fall	X		16	Falling off trampoline,	A YES <input type="checkbox"/> NO <input type="checkbox"/>			8	Do not use when excessively wet, cover slippery surfaces (green mat), correct and

ie from heights and ladders				tripping/slipping on mat. Slip getting on to trampoline	B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	supervised usage. Take care entering trampoline	
Manual Handling/ Ergonomics ie sitting height, standing distance repetitive actions	X		4	Continuous use may cause sore feet, hands and knees.	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Impose time limits, supervision important.	2
Biological ie Heb B, Aids Blood		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Flora and Fauna Hazards		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Thermal Comfort ie (hot cold)	X		16	Exposure to elements.	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Use sunscreen, wear appropriate clothing.	8
Drowning/ Near Drowning		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Chemical ie hazardous goods/liquid spills		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Mist Dust Vapour Fumes		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Mechanical Breakdown		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Structural Failure ie metal fatigued	X		8	Springs breaking, net ripping. Steel breaking	A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	To be checked at the start of each camp, also before each use.	4
Gas Escape ie punctured lines, refrigeration, services, pilot-light. Faulty thermocouple		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
House keeping ie clear dry, workspace		X			A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Other	X				A YES <input type="checkbox"/> NO <input type="checkbox"/> B YES <input type="checkbox"/> NO <input type="checkbox"/> C YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

Further Requirements	By When	By Who	Completed	Signed
SITE 1 - Equipment approved for use YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Position	Name	Signature	Date / /	/