

**Activity description & Location:**           Orienteering - Grounds          

- Use:**
- A** Must be operated by Baptist Camping Victoria qualified staff
  - B** In house training at Baptist Camping Victoria required before using this equipment
  - C** Safe operating procedures must be read and adhered to by all users of this equipment
  - D** Does not apply

**Use rating:**           **C**

(see guide opposite)



|   | Initial Matrix Level | Comments (when and where hazard is present)                     | Control Description (Current & proposed)   | Revised Matrix Level |
|---|----------------------|---|--|----------------------|
| <b>Activity/Task Hazard Identification</b>  |                      |   |  |                      |
| Is there potential for?   |                      |   |  |                      |
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Being cut or stabbed</b></li> <li><input type="checkbox"/> <b>Struck, crushed or entangled</b></li> <li><input type="checkbox"/> <b>Electric Shock</b></li> <li><input type="checkbox"/> <b>Manual Handling/ergonomics</b></li> <li><input type="checkbox"/> <b>Infectious agents or materials</b></li> <li><input checked="" type="checkbox"/> <b>Slip, trip, Fall</b></li> <li><input type="checkbox"/> <b>Other factors – specify: _____</b></li> </ul>                                | L                    | Falling, slipping whilst walking, accident on marker, clipboard | Clear instructions on equipment use, do not do activity in excessive weather conditions, ensure markers are not sharp. Monitor participants. | L                    |
|   | L                    |   |  | L                    |
| <b>Workplace Conditions Hazard Identification</b>   |                      |   |  |                      |
| Is there potential for?   |                      |   |  |                      |
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Extremes of temperature</b></li> <li><input type="checkbox"/> <b>High wind or humidity</b></li> <li><input type="checkbox"/> <b>Inadequate light</b></li> <li><input type="checkbox"/> <b>Dust, fumes or vapours</b></li> <li><input checked="" type="checkbox"/> <b>Exposure to UV or other radiation</b></li> <li><input type="checkbox"/> <b>Emergency situations</b></li> <li><input checked="" type="checkbox"/> <b>Other factors – specify: <u>Flora &amp; Fauna</u></b></li> </ul> | L                    | Exposure to the elements  | Wear appropriate clothing  | L                    |
|   | L                    | Sunburn   | Slip, slop, slap   | L                    |
|   | L                    | Snakes, spiders, ants, bees                                     | Reduction by instruction. No touch. First aid and CPR available if bitten  | L                    |
| <b>Environmental Aspects Hazard Identification</b>  |                      |   |  |                      |
| Is there potential for?   |                      |   |  |                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Energy consumption</b></li> <li><input type="checkbox"/> <b>Nuisance noise</b></li> <li><input type="checkbox"/> <b>Dust</b></li> <li><input type="checkbox"/> <b>Water consumption</b></li> <li><input type="checkbox"/> <b>Hazardous waste</b></li> <li><input type="checkbox"/> <b>Hazardous emissions</b></li> <li><input type="checkbox"/> <b>Other factors – specify: _____</b></li> </ul>   |                      |   |  |                      |

Comments/controls yet to happen: \_\_\_\_\_