

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

**Use rating: C**

(see guide opposite)



- 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

	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?				
<input checked="" type="checkbox"/> Being cut or stabbed	L	Bounce off tramps onto fence	Supervision, controlled bouncing, ensure springs are covered, one on trampoline at a time	L
<input checked="" type="checkbox"/> Struck, crushed or entangled	M	Clothing caught on springs, people landing on each other		L
<input type="checkbox"/> Electric Shock				
<input type="checkbox"/> Manual Handling/ergonomics	M	Double bouncing	Supervision (netted tramp)	L
<input type="checkbox"/> Infectious agents or materials				
<input checked="" type="checkbox"/> Slip, Trip	M	Falling off	Do not use when wet, cover slippery surfaces	L
<input checked="" type="checkbox"/> Other factors – specify: <u>Friction</u>	M	Blisters from tramp surface, falling on rubber	Wear socks, minimise bare skin contact	L
<b>Workplace Conditions Hazard Identification</b>				
Is there potential for?				
<input checked="" type="checkbox"/> Extremes of temperature	L	Exposure to elements	Wear appropriate clothing	L
<input type="checkbox"/> High wind or humidity				
<input type="checkbox"/> Inadequate light				
<input type="checkbox"/> Dust, fumes or vapours				
<input checked="" type="checkbox"/> Exposure to UV or other radiation	L	Sunburn	Slip, slop, slap	L
<input type="checkbox"/> Emergency situations				
<input type="checkbox"/> Other factors – specify: _____				
<b>Environmental Aspects Hazard Identification</b>				
Is there potential for?				
<input type="checkbox"/> Energy consumption				
<input type="checkbox"/> Nuisance noise				
<input type="checkbox"/> Dust				
<input type="checkbox"/> Water consumption				
<input type="checkbox"/> Hazardous waste				
<input type="checkbox"/> Hazardous emissions				
<input type="checkbox"/> Other factors – specify: _____				

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