

Site description & Location: Games - daytime

- 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?  |                      |  |   |                      |
| <input checked="" type="checkbox"/> <b>Being cut or stabbed</b>                              | L                    | Falling over, someone throwing something, running into each other, tripping. Carrying equipment. | Check area before hand, provide adequate light, provide proper supervision instruction, avoid areas that may present a hazard (i.e. mud). Be aware of others when carrying equipment, ask for help if too big or heavy. | L                    |
| <input type="checkbox"/> <b>Struck, crushed or entangled</b>                                 | M                    |  |   | L                    |
| <input type="checkbox"/> <b>Electric Shock</b>   | M                    |  |   | L                    |
| <input checked="" type="checkbox"/> <b>Manual Handling/ergonomics</b>                        |                      |  |   |                      |
| <input type="checkbox"/> <b>Infectious agents or materials</b>                               |                      |  |   |                      |
| <input checked="" type="checkbox"/> <b>Slip, trip, fall</b>                                  |                      |  |   |                      |
| <input type="checkbox"/> <b>Other factors – specify: _____</b>                               |                      |  |   |                      |
| <b>Workplace Conditions Hazard Identification</b>  |                      |  |   |                      |
| Is there potential for?  |                      |  |   |                      |
| <input checked="" type="checkbox"/> <b>Extremes of temperature</b>                           | M                    | Exposure to elements   | Wear appropriate clothing   | L                    |
| <input type="checkbox"/> <b>High wind or humidity</b>  |                      |  |   |                      |
| <input type="checkbox"/> <b>Inadequate light</b>   |                      |  |   |                      |
| <input type="checkbox"/> <b>Dust, fumes or vapours</b>                                       |                      |  |   |                      |
| <input checked="" type="checkbox"/> <b>Exposure to UV or other radiation</b>                 | M                    | Sunburn  | Slip, slop, slap  | L                    |
| <input type="checkbox"/> <b>Emergency situations</b>   |                      |  |   |                      |
| <input checked="" type="checkbox"/> <b>Other factors – specify: <u>Flora &amp; Fauna</u></b> | M                    | Snakes, spiders, ants, bees  | Reduction by instruction, no touch, first aid management for bites available  | L                    |
| <b>Environmental Aspects Hazard Identification</b>   |                      |  |   |                      |
| Is there potential for?  |                      |  |   |                      |
| <input type="checkbox"/> <b>Energy consumption</b>   |                      |  |   |                      |
| <input type="checkbox"/> <b>Nuisance noise</b>   |                      |  |   |                      |
| <input type="checkbox"/> <b>Dust</b>   |                      |  |   |                      |
| <input type="checkbox"/> <b>Water consumption</b>  |                      |  |   |                      |
| <input type="checkbox"/> <b>Hazardous waste</b>  |                      |  |   |                      |
| <input type="checkbox"/> <b>Hazardous emissions</b>  |                      |  |   |                      |
| <input type="checkbox"/> <b>Other factors – specify: _____</b>                               |                      |  |   |                      |

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