

Activity description & Location: _____ 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: D

(see guide opposite)



	Initial Matrix Level	Comments (when and where hazard is present)	Control Description (Current & proposed)	Revised Matrix Level
Activity/Task Hazard Identification				
Is there potential for?				
<input checked="" type="checkbox"/> Being cut or stabbed	L	Cut on sharp edges. Crushed/struck by other participants. Limb entanglement in dome or monkey bars, clothing being caught.	Regular checks and maintenance on equipment. Participants to observe regulations of no skylarking and give others space.	L
<input checked="" type="checkbox"/> Struck, crushed or entangled	L			L
<input type="checkbox"/> Electric Shock				
<input type="checkbox"/> Manual Handling/ergonomics				
<input type="checkbox"/> Infectious agents or materials				
<input checked="" type="checkbox"/> Slip, trip, fall	L	Falling from dome or bars	Supervision by leaders and teachers. Control of numbers. Set age limit on equipment if necessary.	L
<input checked="" type="checkbox"/> Other factors – specify: <u>Friction burn</u>	L	Gripping friction burns		L
Workplace Conditions Hazard Identification				
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: _____				
Environmental Aspects Hazard Identification				
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: _____