



Risk Assessment Form



		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

Risk Assessment for (Activity/Process/Operation)	Education woodland based sessions – tool use A17.3
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Service	Country Parks	Team / Section	Country Parks		
Assessment Date	31/12/22	Review Date	31/12/23	Reference Number	A17.3

What are the hazards <i>(i.e. what can cause harm)</i>	Who might be harmed and how? <i>(e.g. employees, pupils, members of the public, etc. and the significant risk(s))?</i>	What existing control measures are in place to reduce / prevent the risk? <i>(i.e. what are you already doing?)</i>	Considering existing controls, what is the current risk level <i>(i.e. high, medium or low – use the matrix above)</i>	Further Action to be taken to control the risk? <i>(i.e. only record action/additional controls measures you are going to implement)</i>	Assigned to	Completed by whom & when
Inappropriate use of tools, and accidents.	Injury/cuts to children and adults from unsafe tool use, lack of skill, unsuitable tools or unsafe storage	Children will try tool use on an individual basis. Child / adult ratio of 1:1 Safety instructions to be given. Assessment of child's ability to use tools made by leader. Tools to be used in a designated area. Safe working distances observed. A designated adult responsible for the tool storage On events tool /kit carrier per person	M			
Staff not being experienced in specific tool use	Participants and leader	Staff training as required -	L			

WCC Risk Assessment Template, v4 Sept14, UNCONTROLLED WHEN PRINTED OR VIEWED OUTSIDE OF THE INTRANET, SCHOOL DOCUMENT LIBRARY OR SPP SITE

Tool use	Any participant Unsafe use, Cuts Lack of skill, Sharp blade, Struck by tool, Infection/foreign body in eye	1:1 supervision, tools kept in designated tool area. Safe carrying. When not in use tools will be put away. Gloves to be used on hand holding wood. Sawhorse to be used Safety instructions given. Instruction given to children regarding safe distances and areas. Tools are used low down. Vigilant supervision required.	M			
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Name of Assessor	T Jones J Hughes	Signature	T Jones J Hughes
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Name of Manager responsible for activity / process	Marcus Ferguson	Signature	
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Risk Assessment Review Log

Only use this log to confirm that there have been no changes to the current assessment; otherwise an updated risk assessment must be done

Initial Review Date			
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Next Review Date	12 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	24 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	36 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	48 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Risk Assessment(s) for (Activity/Process/Operation)	
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This form can be used to record and demonstrate that the above risk assessment(s) has been provided to relevant employees (as below) to inform them of the risk assessment findings (i.e. the hazards, risks, and control measures associated with their work).

Name of Persons involved in the Activity/ Process/ Operation	Signature	Date