



South Tyneside Council

RISK ASSESSMENT

Department:Thurston OEC		Section:CAH		Assessment No: L15									
Work Activity	The Dell												
	All hazards and control measures as for "Generic Assessment for all Outdoor Activities"			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="width: 70%;">High</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>
Risk rating, without controls <i>(see Matrix overleaf)</i>													
High	<input checked="" type="checkbox"/>												
Medium	<input type="checkbox"/>												
Low	<input type="checkbox"/>												
Hazards	Fire Hot/Boiling water Smoke Inhalation Sharp tools Allergies (grass/insects) Ticks and other parasites Slope of venue Improper use of access to the fire pit Hand sanitizer												
Population Exposed	Employees:	X	Sub Contractors:		Public:								
	Young Persons:	X	Special Groups:	X	Children:	X							
Control Measures	Activity run in line with The Dell Operating Procedures and Bushcraft and Wilderness Skills Operating Procedures with control measuring including; Suitable briefing of venue including entry to the fire pit. Suitable briefing/supervision of fires/kettles/fire pit. Suitable briefing/supervision of use of tools. Appropriate equipment taken and checked before use, including consideration of burns specific first aid supplies. Considerations given to weather specifically wind strength and direction. Suitable clothing to be worn during tick season and briefing on checking for ticks and parasites Water wash of hands prior to fire craft activities (to ensure no trace of hand sanitizer) Continue on separate sheet, if necessary												
Information Instruction Training Required													
Personal Protective Measures (PPE)													

Implementation Plan		<i>By Whom</i>	<i>Target Date</i>
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input checked="" type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW
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Monitoring and Review	Review Date	<i>By Whom</i>	<i>Target Date</i>

Action Identified From Review		<i>By Whom</i>	<i>Target Date</i>

Risk Matrix

Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ **Signed:** _____ **Date:** 23.02.21

(Print Name) Jen Steventon