ADV TRAIL

PHASELS WOOD SCOUT CAMP

RISK ASSESSMENT SHEET

1. ACTIVITY/AREA *ADVENTURE TRAIL*

Frequency of use ***DAILY***

2. PERSONNEL INVOLVED(instructors, visitors, campers, schools)

Number of people involved **0 - 18**

3. POTENTIAL HAZARDS(equipment, structures, fall, others etc)

1) ***FALLING***
2) ***WEATHER***
3) ***EQUIPMENT***
4) ***GROUPS***
5)
6)
7)
8)

4. ASSESSMENT OF RISK

1) **LOW**
2) **LOW**
3) **LOW**
4) **LOW**
5)
6)
7)
8)

5. LIST MEASURES TAKEN TO CONTROL HAZARDS

1) ***THE EQUIPMENT TO BE USED AS DESIGNED***
2) ***STOP USING IF POLES BECOME TOO SLIPPERY***
3) ***CHECK DAILY AND CORRECT TRAINING IN USE***
4) ***LIMIT NUMBERS ON EACH PIECE OF EQUIPMENT***
5)
6)
7)
8)

DATE ***09/01/06*** **REF.NO** ***ADVRISK***

COMPLETED BY – D.STACK – DEPUTY WARDEN