

## Dudley MBC General Risk Assessment Record



Directorate	Children's Services			
Division	Quality and Partnership			
Assessment Reference Number	4	Revision Number	1	
Date of Assessment	May 2008			
Description of Task/Activity/Premises assessed	Astley Burf OAC Weather Lane Astley Burf Stourport on Severn DY13 0SF  LOCAL OFFSITE WALKS			
People considered by this assessment	Employees / Volunteers	x	Women of child bearing age	x
	Young Persons/Children	x	Contractors	
	Visitors (invited)	x	Members of Public	
	Others (Specify below)			
Reference No of Linked Assessments				
Lead Assessor	Richard Lisseter			
Assessors signature				
Others involved in the assessment				
Manager	Karen Dutton			
Manager's Signature				
Date for review	6 <sup>th</sup> July 2012			

### Dudley MBC General Risk Assessment Record

Assessment Ref: 4	Page 2 of 3	Manager:
Date of Assessment: May 2008	Revision No: 1	Managers Signature:

No	Hazard	Hazard/Risk Description	Existing Control Measures	Residual Risk (L)(M)(H)	Further Action Required
1	Ground Condition	Slips; Trips and Falls	Assess environmental conditions and advise Verbal Instruction given prior to departure Appropriate Footwear to be worn by All First Aid Kit to be carried at all times	L	
2	Water	Falling in Brook	Verbal Instructions given and supervision Rope hand rail when crossing brook Exercise caution and assess conditions which may influence decisions Throw Rope to be carried at all times	L	
3	Separation	Becoming Lost	Verbal Instruction and adequate Supervision Frequent Head Counts Good Knowledge of route prior to Departure Whistles and Mobile Phone always to be carried on walk	L	
4	Weather	Environmental Conditions	Ensure appropriate clothing and footwear are worn Assess conditions which may influence decisions Water to be carried by all in summer Hats and sun cream Whistles; Mobile Phone; and First Aid kit always to be carried on walk	L	

## Dudley MBC Risk Assessment Action Plan



Assessment Ref:	Revision No:
Manager:	Page    of

Hazard No.	Further Actions Required	Planned Completion Date	Date Completed

**The above actions have been agreed as reasonably practicable steps to reduce risk**

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The actions referred to above have been completed.**

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hazard Identification Prompt Sheet

**This must be used as a prompt for identifying hazards and must not be considered as a comprehensive list of all hazards that may be present.**

	<b>Hazard Type</b>	<b>Details</b>
<b>Machinery</b>	Crushing	
	Cutting / Shearing	
	Entanglement	
	Drawing-in / Trapping	
	Impact	
	Stabbing	
	Abrasion	
	High Pressure	
	Radiation	
	Electricity	
<b>Workpractice</b>	Highly repetitive actions	
	Stressful postures	
	Lifting / Handling	
	Mental Overload / Stress	
	Visual fatigue	
	Inadequate rest breaks	
<b>Substances</b>	Toxic substances (fluids/gas/mist/fumes/dust)	
	Corrosive substances	
	Irritant/Harmful substances	
	Flammable substances	
	Explosive substances	
	Biological hazards	
	Substances harmful to environment	
<b>Environment</b>	Hot or cold surface(s)	
	Hot or cold ambient temperatures	
	Poor ventilation/Risk of O <sub>2</sub> depletion	
	Confined or limited spaces	
	Significant noise	
	Significant vibration	
	Poor lighting	
	Work heights that present risks	
	Slips / Trips	
	Vehicles	
<b>Human Factors</b>	Inconsistent application of rules	
	Low levels of supervision/monitoring	
	Poor communication	
	Poor information	
	Lack of knowledge	
	Poor training	
	Lack of experience	