

RISK ASSESSMENT FORM FOR OFF-SITE ACTIVITIES

Please complete one sheet for each Risk Assessment

Establishment	Seven Sisters Canoe Centre	Department	Education
Visit Leader	Coach	Date	20 February 2007
Location/Purpose	River Cuckmere Canoeing	Review date	Annual
Other Staff	Other coaches		
Group Size	8	Ratio	1:8

Description of Hazards

Site and environment

- a) Lifting and manoeuvring boats
- b) Slipping/tripping - slipways and pontoons
- c) Working at height – open canoes
- d) Vehicles – reversing cars

Group and the individuals within it

- a) Lifting and manoeuvring boats
- b) Slipping/tripping - slipways and pontoons
- c) Working at height – open canoes
- d) Vehicles – reversing cars
- e) Underwater obstructions and objects
- f) Immersion in water
- g) Strong current at certain tides
- h) Fishermen and other boats

Activity

- a) Underwater obstructions and objects
- b) Immersion in water
- c) Strong current at certain tides
- d) Fishermen and other boats

Transport

None

Consequence of Hazard

Minor injury ☒ Injury ☒ Over three-day absence ☐ Major injury ☐ Disability or Death ☒

Persons at Risk

Instructors, Helpers and Canoeists

Current Control Measures Induction Talk Suitable clothing Buoyancy aids Cagoules Helmets Examine tide tables Avoid fishermen Footwear			
Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating			
Frequency : 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Severity : 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>	
Risk (Frequency x Severity)			
Risk Priority Rating		High(16 – 25) <input type="checkbox"/> Medium(9 – 15) <input checked="" type="checkbox"/> Low(1 – 8) <input type="checkbox"/>	
Recommended Control Measures Same as current control measures			
Alternative Plans (Plan ‘B’) 			
Revised Risk Priority Rating F x S =		High (16 – 25) <input type="checkbox"/> Medium (9 – 15) <input type="checkbox"/> Low (1 – 8) <input type="checkbox"/>	
Management action taken and implementation date(s) None			
Signature of Visit Leader			Date
Signature of Authorising Officer			Date