

**MOD Risk Assessment Form**

<b>Establishment /Unit/Ship:</b>		Army Boxing Association		<b>Assessment No:</b>	1	<b>Assessment Date:</b>	1 Sept 2011		
<b>Section/Department:</b>		Army Boxing Association		<b>Assessment Type</b> <i>(Delete as appropriate; see Note 1)</i>					
				<b>Specific</b> x	<b>Generic</b>		<b>Record of Dynamic Assessment</b>		
<b>Activity/Process:</b>									
Competitive Boxing									
<b>Assessor</b>					<b>Line Manager Acceptance (See Note 2)</b>				
<b>Name:</b>		NATHAN PEARCE			<b>Name:</b>				
<b>Rank/Grade:</b>		C2			<b>Rank/Grade:</b>				
<b>Signature:</b>					<b>Signature:</b>				
Hazards <i>(Include Hazard Survey Number where applicable)</i>	Who is at Risk?	Control Measures <i>(Specific existing Control Measures)</i>	Risk Rating <i>(Likelihood X Consequence)</i> <i>(See Note 3)</i>	Additional Controls <i>(Each Control Measure is to be specific and managed)</i>	Residual Risk Rating <i>(See Note 4)</i>	Management Plan			
						Owner	Target Date	Comp Date	
Death from Brain Injury /	Boxers	Head Guards, Bandage inspections, Abdominal protectors, Qualified Referees, Ringside Medical cover of Dr and Paramedics, annual medicals at least 10 days prior to comp and pre bout medicals compulsory. Coaches to be qualified and in date	1 x 3 = 3	All control measures are stipulated by the National Governing Body for Competitive Boxing, except where the Army imposes the following additional measures to protect their employees; Annual Medicals, additional Ringside					
Burst eardrum / Detached Retina / Fractures to hands, face or ribs.	Boxers		1 X 2 = 2						
Bruising injuries to face, hands and ribs.	Boxers		3 X 1 = 3						

		and registered with the Army BA. All Boxers are to be registered through the Army BA. Boxers are categorised and matched according to Weight and Experience.		Medical Cover.				
Dehydration	Boxers	1 min breaks afforded at end of each round, Rounds only 2 or 3 mins max dependant on Cat of Boxer, max of 4 rounds for any boxer	1 x 1 = 1					
Muscle injury / strain	Boxers	All boxers are trained by qualified coaches and have pre bout medical to ensure fitness to box	1 x 1 = 1					

Line Manager Assessment Review (See Notes 2 and 5)							
<b>Review Date:</b>		<b>Review Date:</b>		<b>Review Date:</b>		<b>Review Date:</b>	
<b>Name:</b>		<b>Name:</b>		<b>Name:</b>		<b>Name:</b>	
<b>Rank/Grade:</b>		<b>Rank/Grade:</b>		<b>Rank/Grade:</b>		<b>Rank/Grade:</b>	
<b>Signature:</b>		<b>Signature:</b>		<b>Signature:</b>		<b>Signature:</b>	

**Notes:**

- 1 If using a 'Generic' risk assessment, Assessors and Line Managers are to satisfy themselves that the assessment is valid for the task and that all significant hazards have been identified and assessed. If additional hazards are identified they are to be recorded and attached to the Generic assessment.
- 2 Line Managers are to note that they are responsible for production of the risk assessment and that they are signing to indicate that the risk assessment is suitable and sufficient and they consider the risks to be acceptable.
- 3

High	Common, regular or frequent occurrence.	3	3 Med	6 High	9 High
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Medium	Occasional occurrence.	<b>2</b>	<b>2 Low</b>	<b>4 Med</b>	<b>6 High</b>
Low	Rare or improbable occurrence.	<b>1</b>	<b>1 Low</b>	<b>2 Low</b>	<b>3 Med</b>
<b>Risk Matrix Likelihood X Consequence</b>			<b>1</b>	<b>2</b>	<b>3</b>
			Minor injury or illness.	Serious injury or illness.	Fatalities, major injury or illness.
			Low	Medium	High

When recording the Risk Rating ensure that both the Likelihood and Consequence scores are included.

<b>High</b>	Improve control measures; consider stopping work. Conducting work at this level of risk is to be reported up the Line Management / Command chain.
<b>Medium</b>	Review control measures and improve if reasonably practicable to do so, consider alternative ways of working.
<b>Low</b>	Maintain control measures and review if there are any changes.

- 4 Record the residual Risk Rating to demonstrate that the risk has been reduced to an acceptable level; record Likelihood and Consequence scores.
- 5 Risk Assessments are to be reviewed:
  - Annually.
  - If there is reason to doubt the effectiveness of the assessment.
  - Following an accident or near miss.
  - Following significant changes to the task, process, procedure or Line Management.
  - Following the introduction of more vulnerable personnel.
  - If “Generic” prior to use.