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|  | RISK ASSESSMENT FORM |  |

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| **1.** | **(i)** | **Name of Service Unit/School/etc**  **D.A.R.E Saturday & holiday playscheme** | | | | | | |
|  | **(ii)** | **Address, POSTCODE & Telephone number**  **Grove park, Kingsbury, NW9 0JY. 07721857224** | | | | | | |
|  | **(iii)** | **Date of Initial/primary Assessment: 15 May 2016** | | | | | | |
| **2.** | **(i)** | **State the name/type of Activity/Task being Assessed:**  **Village 1 playground** | | | | | | |
|  | **(ii)** | **WHO IS AT RISK**  **[Employees] [Children]** | | | | | | |
| **3.** | **(i)** | List here all the hazards and existing control measures starting from Letter A **A** Climbing on high places;   * Supervision at all times and encouragement to use other equipment such as the swing, trampoline, etc   **B All Children – Caution taken around the part with rocks on the playground/ avoiding being hit by the swing**   * Staff to be vigilant when children are in this area. * Staff assigned 2/3 children each before entering the playground.   **C All staff –**Appropriate shoes and clothes;  Remind staff to protect themselves by wearing shoes that do not expose the feet and also clothes that make them feel comfortable and do not restrict movement.  **D** Behaviour that may challenge:- biting, slapping themselves and scratching staff and other children   * Supervision at all times and encouragement to use equipment such as the swing, trampoline, etc | | | | | | |
| **3. (ii) RISK ASSESSMENT TABLE & RISK CALCULATOR**  ***LIKELIHOOD*** **(L)**: 1 = *Improbable,* ***2 =*** *Remote,* ***3 =*** *Possible,* ***4*** *= Probable,* ***5*** *= Very likely to occur*  ***SERIOUSNESS*** **(S)**: 1 = *Accident or incident where no injury has occurred,* ***2*** *= Minor Injury – first aid only,* ***3*** *=Three Day Injury,* ***4*** *= Major Injury outcome,* ***5 =*** *Fatal or multi-fatal* outcome  Risk(R) = (L) x **(*multiplied by*)** (S).  **The highest possible score is** 25**, i.e.** 5 for (L) & 5 for (S)**.**  **NUMERICAL VALUES RATING:** 16 - 25 = High Risk Immediate Action needed  9 - 15 = Medium Risk Action needed soon  < - 9 = Low Risk No further action needed | | | | | | | | |
| **Hazard** | | | **(1)**  **Risk Rating** | | | **(2)**  **Reviewed Risk Rating** | | |
| **L x** | **S** | **= R** | **L x** | **S** | **= R** |
| **a** | | | **3** | **2** | **6** | **2** | **1** | **2** |
| **b** | | | **2** | **3** | **6** | **2** | **1** | **2** |
| **c** | | | **1** | **2** | **2** | **1** | **1** | **1** |
| **d** | | | **4** | **3** | **12** | **3** | **2** | **6** |
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| **4.** | **state below any additional actions required and record the date(s) the actions will be completed and implemented:** | **DATE(S) ACTIONS WILL BE IMPLEMETED** |
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| 5 **(i) NAME OF THE ASSESSOR (Please Print): Tunde Alabi**  **(ii) SIGNATURE OF THE ASSESSOR:- talabi**  **(iii) DATE OF NEXT ASSESSMENT REVISION:- November 2018 (at this revision, complete Column (2) of Risk Assessment Record Table):**  **(iv) SIGNATURE OF PERSON WITH OVERALL RESPONSIBILITY FOR HEALTH AND SAFETY IN THIS UNIT/PREMISES/WORKPLACE:-**  **talabi**  **(v) POSITION OF RESPONSIBLE PERSON:- Coordinator** | | |