

Risk Assessment

Reference No.



Section 1 – Initial Risk Assessment

| Activity Ski and Board paddling in Bude canal | | | | Location Bude Canal | |
|---|--------|---|--|--|--|
| Having referred to the SLSGB Safety guide and evaluated the overall level of risk, please tick the appropriate box below: | | | | Organisation/centre Bude SLSC | |
| High | Medium | Low | Minimal | Beach/Building Room /Location | |
| | v | | | | |
| Hazards and Harm | | Who is At Risk | How Are Risks Currently Controlled | Level of risk (high, medium, low, minimal) | Are additional Control Measures Needed (Y or N) and comments |
| Cuts from glass and metal | | All participants. | Footwear required. | Low | No |
| Hypothermia | | All participants but children most at risk. | <ol style="list-style-type: none"> 1) Wetsuits 2) Length of session 3) Dry clothes in club house 4) Towels and blankets in club house 5) Monitor participants for signs of hypothermia | Low | No |
| Drowning | | All participants but children most at risk. | <ol style="list-style-type: none"> 1) Boards and skis for flotation 2) Signal if in trouble 3) Ensure wetsuits are worn to aid buoyancy 4) Qualified lifesaver/lifeguard present for each group of 6 participants 5) Only enter water if conditions suitable – Analytical risk assessment before entering water | Low | No |
| Injuries from boards | | All participants but children most at risk. | <ol style="list-style-type: none"> 1) Instruction in safe use of equipment 2) Correct choice of boards – foam or hard | Low | No |

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| | | | | |
|---|----------|--|-----|----|
| Sunburn/Sunstroke | Everyone | 1) Sunblock 2) Water to drink | Low | No |
| Injuries due to lifting and handling heavy equipment. | Everyone | 1) Follow safe handling procedures | Low | No |
| Injuries due to exercise and exertion. | Everyone | 1) Warmup 2) Ensuring participants stop at first sign of injury 3) Prompt first aid | Low | No |
| Ingestion of contaminated water | Everyone | Do not use canal after heavy rain, or visible signs of contamination or if algae warning issued. | Low | No |
| | | **Please note Analytical Risk Assessments will be completed on the day** | | |

Please note the following Risk ratings used in this Risk Assessment and Risk Assessment Action Plan

| Risk Rating | | Rating Action Bands | |
|---|---------------------------|----------------------------|--|
| To establish Residual Risk Rating multiply "Likelihood" by the "Severity" | | | |
| Likelihood | Severity | Band | Action Required |
| 1 Most Unlikely | 1 Trivial Injury | 1 & 2 Minimal/Trivial risk | No further action. Monitor situation. |
| 2 Unlikely | 2 Slight Injury | 2, 3 & 4 Low risk | Monitor control measures for continued effectiveness. |
| 3 Likely | 3 Serious. Chronic injury | 6 & 8 Medium risk | Improve or increase control measures. |
| 4 Most Likely | 4 Major injury/Death | 9, 12 & 16 High risk | Stop the activity. Improve or increase controls immediately. |

Risk Assessment Action Plan

Reference No.



Section 2 – Further Control Measures

| Immediate Action Required to Reduce Risk | By whom | Revised Risk Level High, Medium, Low, Minimal |
|--|---------|---|
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| | | |
| Further Action Needed to Reduce Risk | By whom | When |
| | | |
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Once all of the above control measures have been put into place and signed off in section 2, then the risk assessment can be rewritten with all control measures transferred to section 1

Reference No.



Section 3 – Review and Approval

| Person Carrying Out Risk Assessment | | | | Has this Risk Assessment Been Communicated to All Relevant Persons | | | |
|--|------------------------------|----------------------------------|---------------------------|--|---|------|--|
| Name (please print) Mark Ward | Position Chief Instructor | Date of Assessment March 2015 | Review Date March 2016 | YES | ✓ | NO | |
| Person Responsible for Activity: Please sign to confirm you agree with the findings of the assessment and actions proposed | | | | | | | |
| Signature | Name (please print) | | Position | | | Date | |
| | | | | | | | |

| Risk Assessment Review (Annual/Periodic) | | |
|--|-------|---------|
| SLSGB Commission Representative or Line manager – I confirm that the assessment and controls remain effective and there has been no increase in risk : | | |
| 1st Review Date: | Name: | Signed: |
| | | |
| 2nd Review Date: | Name: | Signed: |
| | | |
| 3rd Review Date: | Name: | Signed: |
| | | |

