# Cardiff University Students’ Union xxxxx Activities Risk Assessment Form

Please read guidance notes or see the Activities Safety Coordinator for assistance to complete.

THIS IS A LIVE DOCUMENT THAT NEEDS REGULARLY REVIEWING AND UPDATING

More information can be found online and from relevant national governing bodies

1. **General Information:**

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| Club/Society: |  |
| Name of Assessor/ Reviewer: |  | Date of Original Assessment |  |

1. **Description of Activity:**

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| **What is the Activity:** (Attach any routes and maps if appropriate)**LOCATION:**Address:Approximately how many people are involved:Approximate duration of activities: |

1. **Hazard assessment:**

Please continue on a separate sheet if required.

 **If you already have an assessment provided by your National Governing Body or Managed Centre please attach it and reference it here. Ensure that you read the points made and make action points from the document.**

*Areas for consideration:*

* *Activity and injuries that can be caused to participant and other participant*
* *Ability to do activity*
* *Equipment required to do activity*
* *Facilities/location that activity takes place on/in/at e.g. surfaces, fixtures and fittings,*
* *Environmental factors that will affect the activity e.g. lighting and temperatures,*
* *Risk to non participants and participants from each other’s interaction,*
* *Appropriate leadership and information distribution/ collecting e.g. participant’s brief and medical details,*
* *Getting to and from the activity*

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| --- | --- |
| **LIKELIHOOD** | **SEVERITY** |
| **Score 1**= unlikely, although conceivable  | **Score 1**= unlikely, although conceivable  |
| **Score 2**= could occur sometimes | **Score 2**= something more that a “scratch” or bruised ego”. A “three day” injury |
| **Score 3**= could occur quite easily/ regularly | **Score 3**= the injury is serious– breaks, loss of consciousness, loss of limbs, death |

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| **TYPE OF INJURY/DAMAGE** What injuries can occur?  | **WHAT IS THE HAZARD THAT CAN CAUSE THE INJURY** (Activity/ Item of Equipment/ Procedure / Location/ Environment / Participants) | **CONTROL MEASURE** currently in place to reduce risk of injury | **LIKELIHOOD** of injury taking account of control measure(see scale 1-3) | **SEVERITY** of injury taking account of control measure (see scale 1-3) | **RISK FACTOR**= Likelihood X Severity |
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**ADD MORE LINES IF REQUIRED, THIS SPACE IS NOT LIMITING!**

**Risk factor Scores:**

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| --- | --- |
| **RISK FACTOR FROM ASSESMENT** | **LEVEL OF RISK** |
| **1 / 2** | **LOW RISK:** no further control measures should be required at this time |
| **3 / 4** | **MEDIUM RISK:** ensure that the suitable control measures are in place as described in the hazard assessment |
| **6** | **HIGH RISK:** consider additional control measures here. Do not do the activity if you are uncomfortable with the equipment, guidance and support available. Speak to AU for advice.  |
| **9** | **DO NOT DO ACTIVITY:** until risk has been considered, reduced and additional control measures have been enforced. Identify the additional necessary control measures and re calculate if appropriate. Speak to AU for advice.  |

1. **The Activity ( this will form part of your Code of Practice / Operating Procedures)**

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| **What supervision is required?**  (A Coach/Leader Registration Form is to be completed for all coaches and activity leaders including current students)**What appropriate ratio of leader to Student is required?** **What First Aid provision is required?** (or where can you access First Aid) You can source assistance with training from Membership Services if identified that provision is needed. **What safety equipment do you need to provide to run this activity?**Ensure that you are aware of the CUSU Emergency Procedures. Copies are on the back of accident report forms and in the Union vehicle foldersALL INCIDENTS AND ACCIDENTS ARE REQUIRED TO BE REPORTED / RECORDED WITH MEMBERSHIP SERVICES ASAP AFTER THE EVENT. |

1. **IMPLEMENT THE CONTROL MEASURES** detailed here and communicate the findings to members via a suitable code of practice / operating procedures
2. **Review**

All safety related documents are to be reviewed each year by incoming committees and activity leaders. They also need reviewing in event of a serious accident or incident.

**Once this document has been updated – note the date by any additions and then sign off here to show when the review last took place.**

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| **NAME** | **POSITION** | **REVIEW DATE** |
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1. **ENJOY YOUR ACTIVITY**