

Camp Barrabadeen Risk Assessment

Activity description: paddle boarding				
Activity Dates	Start:		End:	
Persons doing Assessment	Name : Jason Hodder Name :		Position : Program manager Position :	
Minimum Supervision and Qualifications				
Sufficient leaders with minimum qualifications supervising activity: <i>Minimum Qualification:</i>			Sufficient leaders with current First Aid including CPR:	
Number of Leaders supervising activity		Others		Approximate youth numbers doing a activity (per session) <input type="checkbox"/>
Minimum Equipment/ Facilities for activity	YES	NO	N/A	Comments / Further information
First Aid Kit Suitable for activity Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit to be carried by instructors
Sun Safe equipment: hats, sunscreen,ect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participants to supply their own
Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participants to carry their own water
Suitable personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boards, paddles and PFD's provided
Communication equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructors to carry a mobile phone (min)
Equipment complies with relivant standards and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct equipment will be supplied at the start of the activity.
Governing Bodies /Associations	YES	NO	N/A	Comments / Further information
Do guidelines from a governing body exist for this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Queensland Adventure Activity standards from the department of community's
Have they been refered to and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All activities comply with this standard
Governing Bodies /Associations	YES	NO	N/A	Comments / Further information
Have they been refered to and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above

Activity/ Process/	What are the Hazards /Risk to	Risk Level (*refer to matrix to	Risk To whom?	What controls are proposed to reduce the risk?	Risk Level Achieved	High and extreme risks must be signed off by the authorised
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Operation	Health and Safety	rate) E=Extreme H=High M=Medium L=Low	S=staff Y=youth P=public O=others		E/H/M/L	person Refer to BAC Guidelines Yes/ No
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Paddle board	Sun related injury's	M	S,Y	Provide water, sunscreen and shelter to protect from sun and dehydration, participants to wear sun smart clothing and hats. monitor weather	M	NO
	Electrical storm	L	S, Y	Cease all activities immediately, remove participants from exposed sites, seek shelter	L	NO
	Wandering	L	S, Y	Good command and control over group	L	NO
	Slips and falls	L	S, Y	Instructors to ensure participants don't run or skylark near trip hazards.	L	NO
	Drowning	L	S, Y	Instructors to be vigilant throughout the activity. Continuous head counts and utilizing other staff/teachers to keep watch over the groups. Make note of any poor swimmers among the group and 'buddy' them up with a strong swimmer or teacher. Make sure all PFD's are fitted correctly and in good working condition.	L	NO
	Cuts and scrapes	L	S, Y	First aid as per SOP's	L	NO
	Incorrect staffing	L	S	Skills and qualification checked before event or starting work in the zone, current skills check by program manager before	L	NO

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	skills			starting work in the zone, SOPs set and enforced by the program manager		
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Approval : high and extreme risks require authorised person approval					
<input type="checkbox"/>	Approved as submitted				
<input type="checkbox"/>	Approved with the following conditions :				
<input type="checkbox"/>	Not approved for the following reasons :				
<table border="1"> <tr> <td>Approved by:</td> <td>Signed:</td> </tr> <tr> <td>Designation/ Position:</td> <td>Date :</td> </tr> </table>		Approved by:	Signed:	Designation/ Position:	Date :
Approved by:	Signed:				
Designation/ Position:	Date :				
Monitor and review : to be completed during or after activity					
Are the control methods still effective ?	Have there been any changes ?				
Are any further actions required ?					
Details:					