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| Assessment Title: <h2 style="text-align: center; margin: 0;">West Leeds Activity Centre – Sumo & Gladiator</h2> | Ref No: <h2 style="text-align: center; margin: 0;">Spw 02</h2> |
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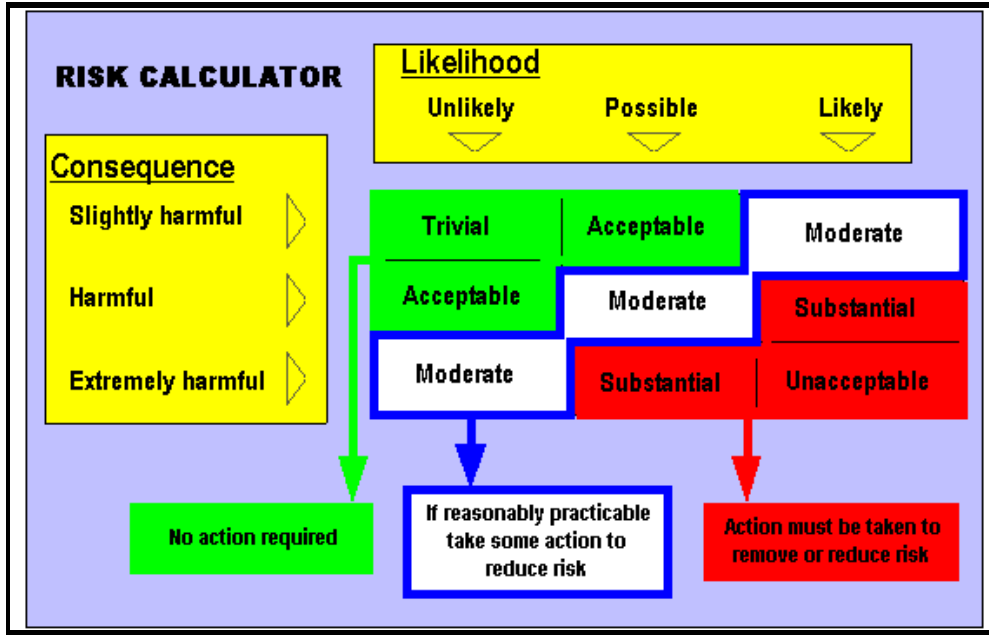
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| School Name: <h3 style="text-align: center; margin: 0;">West Leeds Activity Centre</h3> | School Address: Lenhurst Ave Leeds LS12 2RE |
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| Date Assessment Undertaken: 11/02/2020 | Name of Assessor (print): Hannah Smith | Assessors Signature: H.Smith | Assessment Review Date: 11/02/2021 |
| Name of Headteacher / Centre Manager (print): Vince Foster | Centre Manager Signature: V.Foster | | |

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| Main Legislation and/or Information Source: | <ul style="list-style-type: none"> - Health & Safety at Work Act 1974 - Management of Health & Safety at Work Regulations 1999 - Provision & Use of Work Equipment Regulations 1998 - Control of Substances Hazardous to Health Regulations 2002 (as amended) |
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Guidance:

- The aim of this risk assessment is to provide general information on the type of hazards employees and/or pupils as well as others who may be involved are exposed to. It is likely this assessment will need to be amended to reflect your specific circumstances
- If you amend this sample risk assessment you must re evaluate the risk ratings in line with your amendments.
- If you do not amend the risk assessment you are agreeing that you will apply all the control measures that are identified
- IF AFTER FOLLOWING IMPLEMENTATION OF ALL CONTROL MEASURES THE RISK RATING IS STILL SUBSTANTIAL OR ABOVE CONTACT THE HEALTH, SAFETY& WELLBEING TEAM.



Sample Risk Assessment for Childrens Services

| Hazard Observed | Who may be harmed? | Risk rating before controls Consequence x Likelihood = | Control Measures | Risk rating after controls Consequence x Likelihood = | Control measures by: Initial |
|---------------------------------------------------|------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|
| Inflatable Equipment Failure or Inappropriate use | Participants and staff | Moderate | <p>ALL EQUIPMENT CHECKED ON A REGULAR BASIS BY COMPETENT STAFF AND ANY DAMAGED EQUIPMENT TAKEN OUT OF CIRCULATION</p> <p>EQUIPMENT VISUALLY CHECKED BEFORE AND AFTER SESSION BY ACTIVITY WORKER</p> <p>ENSURE ENOUGH PEOPLE ARE AVAILABLE TO HELP SET UP AND PUT AWAY INFLATABLES, GIVEN HEAVY WEIGHT</p> <p>ENSURE INFLATABLES ARE SET UP IN ADEQUATE SPACE AND PEGGED DOWN USING ALL AVAILABLE ANCHOR POINTS, IF USING IT OUTSIDE.</p> | Acceptable | WLAC staff And/or Self-delivery staff |
| Equipment Misuse | Participants and staff | Moderate | <p>COMPETENT ACTIVITY WORKER TO RUN ACTIVITY</p> <p>ACTIVITY WORKER TO GIVE FULL BRIEFING ON ACTIVITY AND HEALTH & SAFETY TALK</p> <p>NO SHOES TO BE WORN ON INFLATABLE</p> | Acceptable | WLAC staff And/or Self-delivery staff |
| Fall/Trip | Participants and staff | Moderate | <p>HEAD PROTECTORS MUST BE WORN BY PARTICIPANTS</p> <p>INSTRUCTOR TO ENSURE ONLY CORRECT AMOUNT OF USERS ON THE EQUIPMENT AT ONCE.</p> <p>SPECTATORS INFORMED NOT TO LEAN ON SIDES OF INFLATABLES</p> | Acceptable | WLAC staff And/or Self-delivery staff |
| Injury from loose clothing, jewellery, hair | Participants | Moderate | No loose clothing, long hair tied back, remove jewellery | Acceptable | WLAC staff And/or Self-delivery staff |

Sample Risk Assessment for Childrens Services

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| Participants' known medical condition, e.g. asthma, hay fever, allergy | Participants | Moderate | Check medical forms, relevant preventative medication to be taken before session, reliever medication to be carried at all times, e.g. asthma inhalers, epipen. | Acceptable | WLAC staff And/or Self-delivery staff |
| Group Management | Participants and staff | Moderate | <p>SESSIONS TO BE RUN BY COMPETENT STAFF</p> <p>VISITING SUPPORT STAFF TO MANAGE THEIR GROUP</p> <p>SESSION TO BE SUSENDED IF UNSAFE OR INAPPROPRIATE BEHAVIOUR</p> <p>ANY DELIBERATE MISUSE OF EQUIPMENT WILL RESULT IN SESSION BEING SUSPENDED</p> <p>Maximum Supervision Ratio: 1:16</p> | Acceptable | WLAC staff And/or Self-delivery staff |

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| Please ensure the following people have been informed of the risk assessment by the most appropriate means: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Adults on visit | Head Teacher | Governors | Parents | Pupils | EVC |
| Have employees been instructed to report newly identified hazards at post visit meeting? | <input type="checkbox"/> | <input type="checkbox"/> | Details of newly identified hazards. | | | |
| | Yes | No | | | | |