

## HEALTH AND SAFETY RISK ASSESSMENT FORM

**ACTIVITY:** Trials and Training

**DATE:**

**TIME:**

**LOCATION:**



<b>Hazards</b>	<b>Who affected</b>	<b>How risks are controlled</b>	<b>Observations or actions required and by who</b>
Cuts/ bruises/ fracture	Participants	Playing surfaces checked prior to session First Aid kit available First aider at session Consent forms from participants - contact no.s & medical conditions on reg Appropriate supervision of session with qualified, experienced staff Team staff have mobile to use	
Sports injuries/ slips and falls	Participants	Observe weather prior to session - cancel if torrential rain / waterlogged pitches. Consent forms from participants-contact no.s & medical conditions on reg Appropriate supervision of session with qualified, experienced staff Mobile to use If session cancelled Team manager to go to site to inform participants if unable to contact by phone	
Lost children/ abduction/ child	Participants	Register of participants for signing in & out Consent forms from participants - contact no.s & medical conditions on reg Appropriate supervision of session with qualified, experienced staff Mid Devon District Council Safeguarding policy	

		<p>and procedures – signed declaration</p> <p>All relevant Team Managers CRB checked</p> <p>Routine for leaving facility to go to toilet explained i.e. obtain permission and report straight back</p> <p>Team managers to remain until all participants have been collected</p> <p>Team managers have mobile to use</p>	
Lifting - backs	Participants / team managers	<p>Ensure the correct lifting position (bend knees)</p> <p>Assess the person's ability to ensure they are able to lift the object.</p>	
Illness / fainting / dehydration	Participants	<p>Participants to bring drink to trials, training and Games</p> <p>First aider at session</p> <p>Consent forms from participants - contact no.s &amp; medical conditions on reg</p> <p>Have mobile to use</p>	
<b>Produced by:</b>		<b>Signed off by:</b>	
<b>Date:</b>		<b>Date:</b>	