

## RISK ASSESSMENT FORM Appendix C

C O N S E Q U E N C E	RISK RATING MATRIX	LIKELIHOOD			
		Probable (A)	Possible (B)	Remote / Unlikely (C)	Improbable / Negligible(D)
	Fatal injuries (4)/ Permanent Environmental Effect	High (4A)	High (4B)	Medium (4C)	Low (4D)
	Major Injuries (3)/ Major Environmental Effect	High (3A)	High (3B)	Medium (3C)	Low (3D)
	Minor Injuries (2)/ Minor Environmental Effect	Medium (2A)	Medium (2B)	Low (2C)	Low (2D)
	Negligible Injuries (1)/ Negligible Environmental Effect	Low (1A)	Low (1B)	Low (1C)	Low (1D)

### ACTIVITY / LOCATION: **HERD FARM RESIDENTIAL EDUCATION CENTRE: JACOBS LADDER**

HAZARD	EFFECT	RISK RATING	CONTROL	RESPONSIBILITY	RESIDUAL RISK RATING
FALL	HEAD INJURY FRACTURE FATAL	4C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	4D
FALLING ITEM	HEAD INJURY	3C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	3D
TRIP	HEAD INJURY FRACTURE	3C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	3D
EXTREME WEATHER	FALL ELECTROCUTION	4C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	4D
EQUIPMENT MISUSE	FALL INJURY	3C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	3D
EQUIPMENT FAILURE	FALL INJURY	3C	INSTRUCTOR LEVEL TRAINING, LEVELS 1 & 2, EQUIPMENT CHECKS, FULL SAFETY EQUIPMENT	ALL STAFF	3D

Assessment by (Print Name) **MICHEAL WOOLDRIDGE** Signature *M. Wooldrige* Date **OCT2006**

Review date (if applicable) **Jan 2008** (generally 12 months or following any significant change or an incident)

Note: Any assessments carried out for expectant mothers, young persons, children, etc must be in conjunction with Health and Safety Manager