



## South Tyneside Council

### RISK ASSESSMENT

<b>Department: Services for Young People, Children, Adults &amp; Families</b>		<b>Section: Thurston O.E.C.</b>		<b>Assessment No: L4</b>														
<b>Work Activity</b>	Climbing Wall																	
	All hazards & control measures as for "Generic Assessment for all Outdoor Activities" plus additions below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Risk rating, without controls</b> <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="text-align: center;"><b>High</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>Medium</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>Low</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Risk rating, without controls</b> <i>(see Matrix overleaf)</i>		<b>High</b>	<input checked="" type="checkbox"/>	<b>Medium</b>	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>					
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<b>Population Exposed</b>	<b>Employees:</b>	<input checked="" type="checkbox"/>	<b>Sub Contractors:</b>	<input checked="" type="checkbox"/>	<b>Public:</b>	<input checked="" type="checkbox"/>												
	<b>Young Persons:</b>	<input checked="" type="checkbox"/>	<b>Special Groups:</b>	<input checked="" type="checkbox"/>	<b>Children:</b>	<input checked="" type="checkbox"/>												
<b>Control Measures</b>	<p>Activity run in line with "Climbing Wall – Operating Procedures" with control measures including:            Anchor systems subject to regular inspections            Harness checked when issued            Regular inspection &amp; replacement of ropes as required            Visual inspection of all equipment used            Suitable belay method used            Tying back of long hair            Removal of jewellery that presents a hazard</p> <p style="text-align: center;"><b>Continue on separate sheet, if necessary</b></p>																	
<b>Information Instruction Training Required</b>	As stated in operating procedures																	
<b>Personal Protective Measures (PPE)</b>	As stated in operating procedures																	

<b>Implementation Plan</b>		<b>By Whom</b>	<b>Target Date</b>
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<b>Risk Rating with Controls in place</b>	<input type="checkbox"/> <b>HIGH</b>	<input type="checkbox"/> <b>MEDIUM</b>	<input checked="" type="checkbox"/> <b>LOW</b>
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<b>Monitoring and Review</b>	<b>Review Date</b>	<b>By Whom</b>	<b>Target Date</b>
	<i>Dec 2020</i>		<i>Jan 2022</i>

<b>Action Identified From Review</b>		<b>By Whom</b>	<b>Target Date</b>
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Risk Matrix				
Likelihood	Worst Case Outcome			
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

**Assessment conducted by:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Revised: December 2020. AS, RC, JS.