



South Tyneside Council

RISK ASSESSMENT

| | | | | | | | | | | | | | |
|---|---|-------------------------------------|-------------------------|-------------------------------------|---|--|--|-------------|-------------------------------------|---------------|--------------------------|------------|--------------------------|
| Department: Services for Young People, Children, Adults & Families | | Section: Thurston O.E.C. | | Assessment No: L8 | | | | | | | | | |
| Work Activity | Mine Exploration | | | | | | | | | | | | |
| | 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">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td>High</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Medium</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Risk rating, without controls <i>(see Matrix overleaf)</i> | | High | <input checked="" type="checkbox"/> | Medium | <input type="checkbox"/> | Low | <input type="checkbox"/> |
| Risk rating, without controls <i>(see Matrix overleaf)</i> | | | | | | | | | | | | | |
| High | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Medium | <input type="checkbox"/> | | | | | | | | | | | | |
| Low | <input type="checkbox"/> | | | | | | | | | | | | |
| Hazards | Head injuries Fall from height Unplanned entry into water Impact (hit by object) Getting lost / stuck without sufficient lighting | | | | | | | | | | | | |
| Population Exposed | Employees: | <input checked="" type="checkbox"/> | Sub Contractors: | <input checked="" type="checkbox"/> | Public: | <input checked="" type="checkbox"/> | | | | | | | |
| | Young Persons: | <input checked="" type="checkbox"/> | Special Groups: | <input checked="" type="checkbox"/> | Children: | <input checked="" type="checkbox"/> | | | | | | | |
| Control Measures | Activity run in line with "Mine Exploration – Operating Procedures" with control measures including: Methodical system of checking group members Only using venues assessed by qualified mines inspector Appropriate lighting for venue with consideration of objectives for the activity Consideration to use of helmets when appropriate Continue on separate sheet, if necessary | | | | | | | | | | | | |
| Information Instruction Training Required | As stated in operating procedures | | | | | | | | | | | | |
| Personal Protective Measures (PPE) | As stated in operating procedures | | | | | | | | | | | | |

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|----------------------------|--|----------------|--------------------|
| Implementation Plan | | By Whom | Target Date |
|----------------------------|--|----------------|--------------------|

| | | | |
|---|--------------------------------------|---|-------------------------------------|
| Risk Rating with Controls in place | <input type="checkbox"/> HIGH | <input checked="" type="checkbox"/> MEDIUM | <input type="checkbox"/> LOW |
|---|--------------------------------------|---|-------------------------------------|

| | | | |
|------------------------------|--------------------|----------------|--------------------|
| Monitoring and Review | Review Date | By Whom | Target Date |
| | <i>Dec 2020</i> | | <i>Jan 2022</i> |

| | | | |
|--------------------------------------|--|----------------|--------------------|
| Action Identified From Review | | By Whom | Target Date |
|--------------------------------------|--|----------------|--------------------|

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.