



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: W5b							
Work Activity	Paddlesport Canoe & kayak inland - on moving water										
	All hazards & control measures as for "Generic Assessment for all Outdoor Activities" plus "Paddlesport – not moving water" plus additions below				Risk rating, without controls <i>(see Matrix overleaf)</i>						
Hazards	Entrapment in boat / tree / other Getting pinned Being held in a stopper or eddy Being swept away by the current Head injury Shoulder injury		Snagging hazards Weirs & hydros			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">High</td> <td style="width: 50%; 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>	High	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>	Low
High	<input checked="" type="checkbox"/>										
Medium	<input type="checkbox"/>										
Low	<input type="checkbox"/>										
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 "Paddlesport - Operating Procedures" with control measures including: Regular inspection of boats Appropriate boats for location / journey / conditions Adequate buoyancy Knowledge of access & egress points Consideration of access agreements Awareness of past & predicted weather conditions Consideration of river grading & guide book information Knowledge of location Suitable transportation arrangements Portage where necessary Continue on separate sheet, if necessary										
Information Instruction Training Required	As stated in operating procedures										
Personal Protective Measures (PPE)	As stated in operating procedures										

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.