**Risk Assessment**

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| **Date of assessment:** | **Assessment By:**  | **Site** |
| **Department/Area:** |  |
| **Identify/describe activity, equipment, area or event you are assessing:****Playground Equipment** |

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| **Step 1:** Identify the hazard/s:What do you believe are the hazards?(Refer hazard sheet 1)  | **Step 2:** Assess the risks:What do you believe are the risks? (Refer hazard sheet 2)  | **Step 3:** Reducing the risk:What do you believe can be done to reduce the risk?(Refer hazard sheet 3)  |

| **What could cause harm?** | What could go wrong? | Controls |
| --- | --- | --- |
| General use of playground equipment | * Cuts
* Friction burns
* Abrasions
* Broken limbs
* Eye injuries
* Muscular skeletal injuries
* Entrapment
* Metal Fatigue
* Permanent disability
* Death
 | * Ensure a pre-purchase risk assessment has been conducted
* Ensure equipment meets Australian Standards
* Ensure the equipment is appropriate for the age of the students
* Playground floor is suitably protected with soft fall *(eg rubber, orchid chips or similar)*
* Regular inspection and maintenance by a competent person
* Equipment is inspected and maintained is accordance with manufacturers requirements
* Students are supervised at all times
* Equipment is not to be used when wet and slippery
* Consider time restrictions in hot weather *(eg limiting use of the equipment in the hottest part of the day)*
* Clear rules about appropriate behaviour *(eg not to hang upside down from monkey bars)*
* Children to wear appropriate footwear
* Consider segregating age groups (Specify the age or year groups if appropriate)
* Specify the maximum number of students allowed on the equipment
* Consider the installation of sun shades/canopy
* Ensure an Arborist inspects trees within close proximity to playground areas
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**Completed by (name): Signature: Date:**

**In consultation with (name): Signature: Date:**

**Authorised by (name/position): Signature: Date:**

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4:** Monitor & review:(Refer to hazard sheet 4)**Please circle Yes or No** |
| **Were the controls effective?** | **YES** | **NO** | **Were there any unforeseen hazards/ incidents?** | **YES** | **NO** | **New controls** |
| **DETAILS** | **DETAILS** | **DETAILS** |
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**NAME: SIGNATURE: DATE:**