**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 |

**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:**