

Risk Assessment Form: **Air Rifles**

(Refer to Notes for Guidance before completing this form)

Section [Beaver, Cub, Scout, Explorers etc]	<i>Cubs, Scouts, Explorer Scouts, other organisations.</i>
Title of Activity:	<i>Air rifle target shooting</i>
Location(s) of Activity:	<i>Range at Hopehill</i>
Duration (incl. dates From / To) :	

Brief Description of Activity:

Air rifle shooting at the Hopehill range

Hazard Identification: Identify all the hazards; evaluate the risks (low / medium / high) and describe all necessary control measures.

Hazard (s)	Risk L / M / H	Control Measures
Physical Hazards (e.g. Injury from pellets, injury from mechanism of rifle etc)	H	<i>Only suitably qualified instructors to act as Range Officer Instructors from outside District must provide proof of qualification with booking form. Instruction must be given to all participants in the safe use of air rifles, code of conduct on the range, loading and aiming, responsibility to themselves and others, dangers involved etc PRIOR to firing. Only those firing will be allowed at the firing line [other than any adult help]. All guidelines will be followed as per POR and National recommendations. Range Officer can nominate adult help if required.</i>
Biological Hazards (e.g. poisonous plants, venomous / aggressive animals, soil or water micro organisms, insects)	L	<i>Minimal</i>
Chemical Hazards (e.g. pesticides, dusts, contaminated soils, chemicals on site)	L	<i>Minimal</i>
Man-made hazards (e.g. equipment, vehicles etc)	L	<i>Rifles maintained and stored correctly. Visual inspection of equipment and range carried out at each session.</i>
Personal Safety (e.g. lone working, attack on person or property, first aid etc)	L	<i>Participants will not be allowed in the area without a responsible adult[s] and qualified instructors</i>

Environmental impact (e.g. refuse, pollution, disturbance of eco-systems)	L	All lead pellets are contained within the area of the range and/or 'pellet catchers'
Other hazards Please specify.		Range constructed and positioned to eliminate 'stray shots' causing injury to others in the area.

*Continue on separate sheet if necessary

Emergency Procedures: Specify arrangements for first aid, special emergency procedures, survival aids, communication, etc.)

Mobile phone links to emergency services

Additional Information: Identify any additional information relevant to the activity, including supervision, training requirements, information, specialist equipment or clothing, inoculations, etc.

Participants supervised at all times.
Parental Consent forms specific to shooting are required for each participant

Contact Information: Include details of both designated contact[s] and on-site contact.

Home contact	Name:	Tel. Contact:
Home contacts as per individual Parental Consent Forms		
On-site	Name:	Tel. Contact:
Mobile phone of Leader in charge and Pack, Troop/Unit Leaders.		

Has necessary training and information been given?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there adequate provision for those with health problems or disabilities?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there adequate First Aiders available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there sufficient Leaders with appropriate and current Qualification[s] for the activity involved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there a designated Leader in charge?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there suitable travel arrangements and licensed drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is adequate insurance cover in place?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have all young persons submitted parental consent forms and adults supplied next of kin information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Will route notification schedules be provided to base Leaders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are there sufficient qualified Leaders to undertake the	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

activity [Leader/young person ratio]?			
Is all equipment used in compliance with current regulations/specifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is all equipment checked, maintained and stored correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Will the activity be carried out in compliance with current POR and/or guidelines/rules of any relevant National body?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Assessment carried out by:

Name:	<i>Paul Baylis</i>	Date:	<i>01/06/05</i>
Signature:		Review Date:	<i>01/06/06</i>
Title (e.g. Group Leader, G.S.L., D.C. etc)	<i>District Scout Leader</i>		