

Risk Assessment Form: *Campfires*
(Refer to Notes for Guidance before completing this form)

Section [Beaver, Cub, Scout, Explorers etc]	<i>Scouts,</i>
Title of Activity:	<i>Camp fire at Hopewill</i>
Location(s) of Activity:	<i>Hopewill</i>
Duration (incl. dates From / To) :	

Brief Description of Activity:

Group campfire for a number of young people and their leaders which may involve 'campfire stunts' and singing.

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. extreme weather conditions, burns, smoke inhalation, contact with burning objects, flammable clothing etc)	H	<i>All campfires must be under direct supervision of competent leader with [depending on numbers] additional adult help. Participants must remain seated on the benches provided. Entry/exit from the area must be from the back of the seating area. Only designated adult[s] will fuel or stoke the fire. A nominated First Aider should be in attendance. Filled water containers should be in close proximity to the area. A mobile phone must be available for emergencies. The fire must not be left un-attended and it is the responsibility of the leader in charge to ensure that the fire is damped down. Groups must be instructed not to return to the area after dismissal. Check with the duty Warden that the water supply at the rear of the seating area is turned on.</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 but leader in charge should ensure that only timber is used - no plastics, laminates etc</i>

Man-made hazards (e.g. equipment, vehicles etc)	N/A	N/A
Personal Safety (e.g. lone working, attack on person or property, first aid etc)	L	Participants will not be allowed in the proximity of any campfire without a responsible adult[s]
Environmental impact (e.g. refuse, pollution, disturbance of eco-systems)	L	It is the responsibility of the leader in charge to remove rubbish from the area. No 'green wood' to be cut as fuel.
Other hazards Please specify.		No cans or container which could explode. No glass, No flammable liquids.

**Continue on separate sheet if necessary*

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

*First Aid provision on site. Mobile phone links to emergency services
All matches and firelighters will be kept in suitable container under leaders supervision.*

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.
If 'campfire stunts' are to take place then ensure that clothing worn is not flammable and that they are performed to one side of the area.*

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

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

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 activity [Leader/young person ratio]?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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:		Date:	
Signature:		Review Date:	
Title (e.g. Group Leader, G.S.L., D.C. etc)			