

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

Section [Beaver, Cub, Scout, Explorers etc]	<i>All sections at various times throughout the year</i>
Title of Activity:	<i>Climbing and abseiling</i>
Location(s) of Activity:	<i>Climbing tower Hopehill</i>
Duration (incl. dates From / To) :	<i>Various times throughout the year</i>

Brief Description of Activity:  
*Climbing and/or abseiling with various sections under strict supervision with qualified personnel*

**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
<b>Physical Hazards</b> (e.g. extreme weather conditions, cliffs, caves, mountains, marshes, quicksand, fresh / seawater, mines, quarries, tides)	<b>H</b>	<i>Qualified instructor[s] will determine safe methods of working under various conditions. His/her decision is final</i>
<b>Biological Hazards</b> (e.g. poisonous plants, venomous / aggressive animals, soil or water micro organisms, insects)	<b>L</b>	<i>Visual check on area on each occasion</i>
<b>Chemical Hazards</b> (e.g. pesticides, dusts, contaminated soils, chemicals on site)	<b>L</b>	<i>Only 'user friendly' paints and preservatives used as per manufacturers recommendations</i>
<b>Man-made hazards</b> (e.g. equipment, vehicles etc)	<b>M</b>	<i>Visual check on equipment and structure made every time of use. Regular safety assessment carried out. Ropes and equipment as per regulations and changed when required</i>
<b>Personal Safety</b> (e.g. lone working, attack on person or property, first aid etc)	<b>L</b>	<i>Size of groups determined by number of leaders/instructors. Governed by POR</i>
<b>Environmental impact</b> (e.g. refuse, pollution, disturbance of eco-systems)	<b>L</b>	<i>N/A</i>
<b>Other hazards</b> Please specify.		

*\*Continue on separate sheet if necessary*

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

*Instructors hold first aid certificates. Mobile phone always available and landline available in site office.*

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

*Instructors will make visual check on all equipment and structure on each occasion.  
 Instructor in Charge will have appropriate qualifications as per National and POR requirements.  
 These will be renewed as and when required. Instructors will be aware of any changes to requirements and put them into practice. Other leaders/instructors will have appropriate levels of skill and experience to work with Instructor in Charge.  
 All participants will be instructed in correct use of equipment, techniques and behaviour.*

**Contact Information:** Include details of both the Group/Unit designated contact and on-site contact.

Home contact	Name:	Tel. Contact:
<i>Details on booking form</i>		
On-site	Name:	Tel. Contact:
<i>Hopehill Campsite</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 checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is all equipment checked, maintained and stored correctly?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input 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>Steve Luck</i>	Date:	<i>November 2004</i>
Signature:		Review Date:	<i>November 2005</i>
Title (e.g. Group Leader, G.S.L., D.C. etc) <i>District Scout Leader - Climbing</i>			