

This assessment sheet is NOT generic i.e. it needs to be completed for every time this activity takes place as the participants and circumstance will be different each time.

Risk Assessment Form: *Wide Games*

(Refer to Notes for Guidance before completing this form)

Section [Beaver, Cub, Scout, Explorers etc]	<i>Cubs, Scouts, Explorer Scouts</i>
Title of Activity:	<i>Wide Games</i>
Location(s) of Activity:	
Duration (incl. dates From / To)	

Brief Description of Activity:

Wide Games - games involving two or more teams in open or wooded areas.

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)	<i>M</i>	<p><i>Any game must be structured and have a time limit.</i></p> <p><i>All participants must be aware of the rules of the game.</i></p> <p><i>Leaders must arrange a signalling system [e.g. whistle] to call all participants back to the start point at any time.</i></p> <p><i>The signal must audible to all participants in all parts of the playing area.</i></p> <p><i>The boundaries of the area of play must be strictly defined and adhered to.</i></p> <p><i>Games should be designed to avoid running especially at night.</i></p> <p><i>Games should avoid 'rough-and-tumble' aspects</i></p> <p><i>Leaders should satisfy themselves that the area is safe and free from hazards [overhanging branches, nettles etc]</i></p> <p><i>At the end of each session a roll call must be taken of participants.</i></p> <p><i>In the event of an emergency all participants will be called back to the start point.</i></p> <p><i>Leaders must be sure that all participants are aware of areas 'out of bounds'</i></p>
Biological Hazards (e.g. poisonous plants, venomous / aggressive animals, soil or water micro organisms, insects)	<i>L</i>	<p><i>Minimal risk. But Leader[s] must check local conditions at site and, if appropriate, seek advice from local warden.</i></p>

Chemical Hazards (e.g. pesticides, dusts, contaminated soils, chemicals on site)	L	<i>Minimal risk. But Leader[s] must check local conditions at site and, if appropriate, seek advice from local warden.</i>
Man-made hazards (e.g. equipment, vehicles etc)	L	<i>All such areas will be 'out of bounds'</i>
Personal Safety (e.g. lone working, attack on person or property, first aid etc)	L	<i>Games will be designed as team games where participants will be instructed to stay together as a team.</i>
Environmental impact (e.g. refuse, pollution, disturbance of eco-systems)	L	<i>Minimal risk. But Leader[s] must check local conditions at site and, if appropriate, seek advice from local warden.</i>
Other hazards Please specify.		

**Continue on separate sheet if necessary*

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

*Leader[s] must have sufficient first aid skills.
A mobile phone should be available to summon emergency aid if needed.*

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

Participants must be made aware of the boundaries of the game, those areas that are 'out of bounds' and the signalling system being operated

Contact Information: Include details of both the participants designated contact and on-site contact.

Home contact	Name:	Tel. Contact:
<i>As per Parental Consent forms</i>		
On-site	Name:	Tel. Contact:

Has necessary training and information been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there adequate provision for those with health problems or disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there adequate First Aiders available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there sufficient Leaders with appropriate and current	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Qualification[s] for the activity involved?			
Is there a designated Leader in charge?	Yes <input 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 type="checkbox"/>
Is adequate insurance cover in place?	Yes <input 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 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 type="checkbox"/>
Are there sufficient qualified Leaders to undertake the activity [Leader/young person ratio]?	Yes <input 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 type="checkbox"/>
Is all equipment checked, maintained and stored correctly?	Yes <input 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 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)			