

Reference: ADMIN 003

Date: 26/06/2019

### Risk Assessment – Page 1

1. **Company:** ROARR! DINOSAUR ADVENTURE  
**Site/Location:** VARIOUS LOCATIONS  
**Assessor:** JASON BARBER **Job Title:** HEALTH AND SAFETY OFFICER  
**Senior Manager:** JASON BARBER **Job Title:** HEALTH AND SAFETY OFFICER

2. a) **Work activity/process:** SCHOOL/GROUP/PRE-SCHOOL/UNIFORM GROUPS/SPECIAL NEEDS AND SPECIAL NEEDS SCHOOLS

b) **Elements:** CHILDREN, ADULTS ACCOMPANYING GROUPS OF CHILDREN, DISABLED GROUPS WITH CARERS.

c) **Frequency:** DAILY

| 3. Risk assessment required under the following legislation:   | Required | Completed |
|--|----------|-----------|
| CONSTRUCTION (DESIGN & MANAGEMENT) REGULATIONS 2015  |          |           |
| CONTROL OF ASBESTOS REGULATIONS 2012   |          |           |
| CONTROL OF NOISE AT WORK REGULATIONS 2005  |          |           |
| CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGS 2002 (COSHH)  | YES      | YES       |
| CONTROL OF VIBRATION AT WORK REGULATIONS 2005  |          |           |
| ELECTRICITY AT WORK REGULATIONS 1989   |          |           |
| HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT) REGULATIONS 1992  |          |           |
| HEALTH AND SAFETY (FIRST-AID) REGULATIONS 1981   |          |           |
| LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS 1998 (LOLER)  |          |           |
| MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999 (TAKING INTO CONSIDERATION THE YOUNG PEOPLE AT WORK: A GUIDE FOR EMPLOYERS FOR ANY PAID/UNPAID EMPLOYEES UNDER THE AGE OF 18) | YES      | YES       |
| MANUAL HANDLING OPERATIONS REGULATIONS 1992  |          |           |
| PERSONAL PROTECTIVE EQUIPMENT REGULATIONS 1992   |          |           |
| PROVISION AND USE OF WORK EQUIPMENT REGULATIONS 1998 (PUWER)   |          |           |
| WORKING AT HEIGHT REGULATIONS 2005   |          |           |

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## Risk Assessment – Page 2

## 4a. Significant hazards

## People\* at risk\*\*

|   | ST  | VA  | VC   | OSV |
|---|-----|-----|------|-----|
| SLIPS TRIPS AND FALLS                                       |     | 1   | 1    |     |
| INFECTIONS  |     | 1   | < 30 |     |
| TRAFFIC   |     | 1   | 1    |     |
| SPLASH ZONE-WET PLAY- HYPOTHERMIA                           |     | 1   | <50  |     |
| WET CLOTHES ON INDOOR PLAY EQUIPMENT- FRICTION BURNS        |     | 1   | <50  |     |
| INAPPROPRIATE BEHAVIOUR/LACK OF SUPERVISION                 |     | 1   | <50  |     |
| PREDATOR HIGH ROPES FALL FROM HEIGHT – SUSPENDED BY HARNESS | <10 | <50 | <50  |     |

## 4b. Significant hazards

## Property/equipment at risk

\* key: staff = ST; visitors = VA (adult) / VC (child); contractors/work experience/volunteers/experience guests = OSV (other site visitor)

\*\* specify numbers and individuals particularly at risk using '<' less than symbol; '=' equals symbol or '>' more than symbol

## 5. Hazard

## Severity

## Likelihood

## Action priority

|   |   |   |        |
|---|---|---|--------|
| SLIPS TRIPS AND FALLS                                       | C | 2 | LOW    |
| INFECTIONS  | B | 3 | LOW    |
| TRAFFIC   | A | 3 | MEDIUM |
| SPLASH ZONE-WET PLAY- HYPOTHERMIA                           | C | 3 | LOW    |
| WET CLOTHES ON INDOOR PLAY EQUIPMENT- FRICTION BURNS        | B | 2 | MEDIUM |
| INAPPROPRIATE BEHAVIOUR/LACK OF SUPERVISION                 | A | 1 | HIGH   |
| PREDATOR HIGH ROPES FALL FROM HEIGHT – SUSPENDED BY HARNESS | A | 3 | MEDIUM |

## 6 a) Current control measures:

WRITTEN GUIDELINES IN PLACE AND ISSUED TO ALL ORGANISERS OF GROUP VISITS

b) Are these adequate? (delete as applicable) YES

c) Further control measures required:

Implementation by (date):

NO FURTHER CONTROL MEASURES REQUIRED

SPALSH ZONE-PARENTAL SUPERVISION/STAFF SUPERVISION

INDOOR PLAY AREA-PARENTAL SUPERVISION AND STAFF SUPERVISION

## 7. Information / training needs:

NO FURTHER INFORMATION OR TRAINING REQUIRED

Date completed:

By (person):

## 8. MONITORING:

a) Frequency: ON EACH VISIT

b) Person(s) responsible: GROUP ORGANISER

## 9. REVIEW DATES:

a) After further controls implemented:

b) Maximum period:

12 MONTHS

Review by: ASSESSOR

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**10. SIGNATURES:**

**Assessor:** .....

**Senior Manager:** .....