



Risk assessment form (H&S)

Name of assessor(s)	Carly Kew	Group / Establishment:	Great Wood / SSE Outdoors
Date	January 2024		

What is the workplace / activity / equipment / conditions (delete as appropriate) being assessed	How was the assessment done? e.g. desktop exercise, site visit, in consultation with employees, managers, safety representatives?	Next review date:
		January 2025
Swimming- This activity is intended to be for fun, as a single session as part of the programme. Confidence & learning are encouraged through games and races.	Site visit-in consultation & agreement with instructors & GWT	Mobile reception / nearest landline
		Poor-varied Main office

Who could be harmed, and how?	What is already being done to control the risks?	*Risk Rating Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done
		S	L	S x L				
Instructors & participants Slips, trips & falls around the pool	<ul style="list-style-type: none"> Safety brief given to all participants Walking always around the pool area Suitable footwear to be worn to & from the pool Continuous monitoring of participants Visiting staff to assist instructor 	2	2	4				
Instructors & participants Drowning	<ul style="list-style-type: none"> Safe areas out of the water to be communicated to all Suitable clothing to be worn, no shoes, long trousers Floatation aids to be used if needed Monitoring of participants-temperatures etc Assistance given to those with less confidence/ability (school/visiting staff) No participants allowed into pool or gated area unless a qualified lifeguard is present Rescue equipment easily accessible 	5	1	5				

Who could be harmed, and how?	What is already being done to control the risks?	*Risk Rating Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done
		S	L	S x L				
Instructors & participants Chemical ingestion / burns	<ul style="list-style-type: none"> Chemicals are checked prior to start of every session Weekly checks are made by GWT/GW instructors Weekly checks are made by an external company Follow procedures if levels are incorrect – too high/low If levels are incorrect pool session would be postponed, until safe to enter the water 	5	1	5				

* [Click here](#) for guidance in calculating Risk Rating. Rate the **severity** of the potential harm (between 1-5, where 5 is fatal) and the **likelihood** of the harm occurring (again 1-5 where 5 is very likely). Guidance is at [HS 004](#).

Please now pass this assessment to your manager for approval					
Name of assessor's manager:	Ack Moore	Date:		Manager's comments	
Signature:					