Somerset Council	Risk assessment form (H&S)	Name of assessor(s) Date	Carly Kew January 2025	Group / Establishment:	SSE Outdoors / Great Wood		
What is the workplace / activity / equipment / conditions (delete as appropriate) being assessed:		How was the assessme e.g. desktop exercise with employees, man representatives?	, site visit, in consultation	Next review date: January 2026			
orienteering. Team and abilities. Basic r	r <b>ienteering – photo orienteering – map skills /</b> & individual orienteering activities suitable for all ages nap & compass work taught. All activities take place as of camp. Instructor able to view whole field from g	Site visit along with consuinstructors and GWT	ltation and agreement with	Is the assessment to the situation? G	'generic' or specific		

Who could be harmed, and how?	What is already being done to control the risks?	* <b>Risk Rating</b> Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done	Residual Risk Rating Severity x Likelihood		
		S	L	S x L					S	L	S × L
Instructors & participants Getting lost or separated	<ul> <li>Safety brief given to all</li> <li>Boundaries fully explained in brief</li> <li>Constant monitoring of sessions</li> <li>Regular head counts</li> <li>Torches if activity taking place in the evening</li> <li>Muster point for end of session or help needed, communicated with all</li> </ul>	2	1	2							

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Who could be harmed, and how?	What is already being done to control the risks?	Seve	<b>k Rati</b> erity x lihood		What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done	<b>Residual Risk Rating</b> Severity x Likelihood		
		S	L	S x L					S	L	S x L
<b>Participants</b> Slips, trips & falls	<ul> <li>Suitable footwear to be worn</li> <li>Boundaries clearly explained to the participants</li> <li>All briefed about safe movement across the field / ground</li> <li>Continuous monitoring of participants/head counts</li> <li>Early intervention and reminding of safety rules</li> <li>Staff briefed to support instructor</li> </ul>	2	2	4							

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Please now pass this assessment to your manager for approval												
Nam asses mana	sor's		nte: 27/01/25		Manager's comments							
Signature:												
Risk Matrix Risk Rating Consequence (Impact/Severity of Injury)												
					_		1.	2.	3.	<b>4</b> .	5.	
Very High (VH) 15-25		High (H) Medium (M) 10-12 5-9		<u>ا ا</u>		Low (L) 1-4	Insignificant	Minor	Moderate	Major	Catastrophic	
Likelihood Descriptor Consequence Descript					Near Miss.     No treatment required.	<ul> <li>First-Aid treatment (e.g. minor cuts, bruises, bumps)</li> </ul>	<ul> <li>Medical treatment</li> <li>Lost time of &gt;3 working days.</li> </ul>	<ul> <li>Serious injury/ medical treatment.</li> <li>Hospitalisation.</li> <li>Lost time (RIDDOR)</li> </ul>	Loss of life.     Permanent     disability.			
hance)	Very likely. Event is expected to occur in most circumstances: More than 95% chance of occurring. 5.		5.	Almost Certain	M-5	H-10	VH-15	VH-20	VH-25			
There is a strong po Between 65% - 95%			possibility the event will occur. 4.		Likely	L-4	M-8	H-12	VH-16	VH-20		
robab		ent has occurred before or could again. en 35% - 65% chance of occurring.			3.	Possible	L-3	M-6	M-9	H-12	VH-15	
Likelihood (Probability/Chance)		e event is not expected to occur but could under eclfic circumstances. Between 5% - 35% chance occurring.				Unlikely	L-2	L-4	M-6	M-8	H-10	
Likelih	The event has not occurred before, but it may occur in exceptional circumstances. < 5% chance of occurring.				1.	Rare	ы	L-2	L-3	L-4	M-5	

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