

RISK ASSESSMENT FORM

Department: Coaching	Location: Dance Studio, Concourse	Date of Assessment:	Assessment Number:
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Activity or Task being assessed: (In case of an Event: Dates From... to... should be included)	Coached Sessions Off Ice
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Who may be affected by the task? (E.g. Venue staff, Organisers, Promoters Staff, Visitors, Exhibitors, Contractors, Young/new/inexperienced staff, Disabled, Children, New/expectant mothers, Elderly) (In case of an Event include: Visitor Profile and Attendance)	Coaches Pupils Children	How many may be affected? (E.g. One person, 2-5, 6- 10, 11-50, 51-100, 100-500, 500 +)	1 - 40
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See 'Risk Assessment Guidance' document for explanation of Risk assessment, activity / task being assessment, hazard, consequences, risk, control measures, probability, severity, risk rating

Identify Hazards Identify hazards/element(s) of activity that could reasonably be expected to result in significant harm .	Consequences What could result from the hazard?	Risk Rating <i>Probability x Severity = Risk level</i>			What control measures would reduce the risk of injury or ill health?	Revised Risk Rating <i>Probability x Severity = Risk level</i>			Action Level HIGH, MEDIUM or LOW
		P	S	R		P	S	R	
1. Training Environment	Risk of slips, trips & falls causing personal injury to the pupil	2	4	8	1.1 Qualified coach supervising session 1.2 Session attendance restricted to 40:1 (dance studio), 20:1 (Technical Class e.g. Jump Rotation) pupil/coach ratio 1.3 Coach to check floor surface and training environment is safe & maintained prior start of session 1.4 Coach to ensure all off ice activities are safe and appropriate for all participants as per lesson plan 1.5 Coach to monitor training environment	2	4	8	MEDIUM

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					<p>and report any defects to the Manager on Duty.</p> <p>1.6 Where defect is identified as being dangerous, off ice session will be stopped</p> <p>1.7 Suitable footwear and clothing to be worn by all participants</p>				
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<p>Identify Hazards Identify hazards/element(s) of activity that could reasonably be expected to result in significant harm.</p>	<p>Consequences What could result from the hazard?</p>	<p>Risk Rating <i>Probability x Severity = Risk level</i></p>			<p>What control measures would reduce the risk of injury or ill health?</p>	<p>Revised Risk Rating <i>Probability x Severity = Risk level</i></p>			<p>Action Level HIGH, MEDIUM or LOW</p>
		P	S	R		P	S	R	
<p>2.0 Pupils</p>	<p>Risk of personal injury to themselves and others</p>	<p>3</p>	<p>4</p>	<p>12</p>	<p>2.1 Coach to ensure that all activities off ice are carried out in a safe manner and activity suitable for the level and competency of the pupil</p> <p>2.2 Coach to ensure that no unauthorised pupils take part in the activity through a register of attendance or proof of payment.</p> <p>2.3 Coach to be 1st aid qualified</p> <p>2.4 Coach to carry mobile phone/radio for use in an emergency situation.</p> <p>2.5 Coach to possess DBS/PVG Enhanced Disclosure certificate.</p> <p>2.6 Coach briefed on accident reporting procedure</p> <p>2.7 Suitable footwear and clothing to be worn by all participants.</p> <p>2.8 Any pupil acting in a disruptive or unsafe manner to be warned immediately and excluded from activity should unacceptable behaviour continue.</p> <p>2.9 Any unacceptable behaviour to be</p>	<p>1</p>	<p>4</p>	<p>4</p>	<p>Low</p>

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3.0 COACHES	Risk of personal injury to themselves and others	2	5	10	<p>reported to the parent/school and to Line Manager/Head Coach.</p> <p>3.1 Coach to be suitably qualified and possess a recognised coaching qualification e.g. Fitness Trainer Award, NISA/EIHA Level 2 or above coaching qualification.</p> <p>3.2 Coach to work in accordance with the governing body for Sport guidelines and/or manufacturer's recommendations.</p> <p>3.3 Coach to undertake Personal Professional Development in accordance with the Governing Body for Sport licensing requirements.</p>	1	5	5	LOW
4.0 EQUIPMENT	Risk of personal injury to themselves and others and damage of equipment	4	5	20	<p>4.1 Equipment to be maintained and serviced in accordance with the manufacturer's recommendations.</p> <p>4.2 Visual inspection of equipment to be carried out prior the start of the session.</p> <p>4.3 Work request form to be completed should equipment require repair. Item to be removed from use/storage until repaired.</p> <p>4.4 All equipment to be stored safely and access to the equipment restricted.</p> <p>4.5 Use of equipment to be supervised at all times by a suitably qualified coach</p>	2	5	10	MED

Assessor(s) name:	Assessor(s) signature:	Date:
The Department Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards, control measures and further actions required.		
Managers name:	Managers signature:	Date:
Further actions required and date complete:	Managers signature:	Review due: