



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: L3												
Work Activity	Climbing Wall															
	All hazards & control measures as for "Generic Assessment for all Outdoor Activities" plus additions below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Risk rating, without controls <i>(see Matrix overleaf)</i></td> </tr> <tr> <td style="text-align: center;">High</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Medium</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Risk rating, without controls <i>(see Matrix overleaf)</i>		High	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input type="checkbox"/>			
Risk rating, without controls <i>(see Matrix overleaf)</i>																
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Medium	<input type="checkbox"/>															
Low	<input type="checkbox"/>															
Hazards	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Falling with no protection</td> <td style="width: 50%;">Impact on wall</td> </tr> <tr> <td>Failure of anchor system</td> <td>Abrasion on wall</td> </tr> <tr> <td>Failure of rope</td> <td>Rope burns</td> </tr> <tr> <td>Failure of harness</td> <td>Inappropriate jewellery</td> </tr> <tr> <td>Failure of belay system</td> <td>Landed on by falling climber</td> </tr> <tr> <td colspan="2">Entrapment of limbs, fingers or hair</td> </tr> </table>				Falling with no protection	Impact on wall	Failure of anchor system	Abrasion on wall	Failure of rope	Rope burns	Failure of harness	Inappropriate jewellery	Failure of belay system	Landed on by falling climber	Entrapment of limbs, fingers or hair	
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Entrapment of limbs, fingers or hair																
Population Exposed	Employees:	<input checked="" type="checkbox"/>	Sub Contractors:	<input checked="" type="checkbox"/>	Public:	<input checked="" type="checkbox"/>										
	Young Persons:	<input checked="" type="checkbox"/>	Special Groups:	<input checked="" type="checkbox"/>	Children:	<input checked="" type="checkbox"/>										
Control Measures	<p>Activity run in line with "Climbing Wall – Operating Procedures" with control measures including: Anchor systems subject to regular inspections Harness checked when issued Regular inspection & replacement of ropes as required Visual inspection of all equipment used Suitable belay method used Tying back of long hair Removal of jewellery that presents a hazard</p> <p style="text-align: center;">Continue on separate sheet, if necessary</p>															
Information Instruction Training Required	As stated in operating procedures															
Personal Protective Measures (PPE)	As stated in operating procedures															

Implementation Plan		By Whom	Target Date
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Risk Rating with Controls in place	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW
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Monitoring and Review	Review Date	By Whom	Target Date

Action Identified From Review		By Whom	Target Date

Risk Matrix

Likelihood		Worst Case Outcome		
		<i>Fatality</i>	<i>Major Injury</i>	<i>Minor Injury</i>
	<i>Probable</i>	HIGH	HIGH	MED.
	<i>Possible</i>	HIGH	MED	MED.
	<i>Improbable</i>	MED.	LOW	LOW

Assessment conducted by: _____ **Signed:** _____ **Date:** _____

Revised: January 2018. AS, RC, MK, JS, JR, CN.