



South Tyneside Council

RISK ASSESSMENT

Department: Services for Young People, Children, Adults & Families		Section: Thurston O.E.C.		Assessment No: L6a		
Work Activity	Winter Mountain Walking / Mountaineering					
	All hazards & control measures as for "Generic Assessment for all Outdoor Activities" plus additions below Winter: <i>As for "Mountain Walking / Mountaineering" with additional considerations</i>			Risk rating, without controls <i>(see Matrix overleaf)</i>		
Hazards	Falls	Cuts from crampons / ice axe	High	<input checked="" type="checkbox"/>		
	Benightment	Head injuries	Medium	<input type="checkbox"/>		
	Avalanches Getting lost Snow blindness Cold related conditions & injuries		Low	<input type="checkbox"/>		
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 "Mountain Walking - Operating Procedures" with control measures including: Detailed weather forecast & weather history Avalanche report if available Suitable protective clothing, footwear & group equipment Ice axe & crampons & the ability to use them Safe use & stowage of ice axes Ice axe braking must be taught before venturing into ground where it may be necessary to make safe progress Consideration of group fitness in relation to short daylight hours & conditions underfoot Torch should be carried Helmet should be taken Suitable eye protection should be taken</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		<i>By Whom</i>	<i>Target Date</i>

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

Action Identified From Review	None	<i>By Whom</i>	<i>Target Date</i>

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.