Supplementary H&S Information – *EVENT/ACTIVITYNAME*

Please edit the blue text and ‘save-as’ in the S: drive under ‘Supplementary H&S forms – 2017-19’ or volunteers to send to the Volunteer Coordinator

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| Assessment completed by:Name Date completed: Date |
| Location: *Including postcode and/or grid ref*  | Expected duration of activity/event: *X hours*  |
| Start date and time: *Date, start and end times* |
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| **Generic Risk Assessment relevant to the activity/event** |
| Generic Risk Assessment: |
| *Please list all generic RAs by name that apply to your activity/event* |

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| Overview of activity/event: *Provide brief details* |
| Lead by: *Name*   | Mobile phone no. (for time of activity): *Number* |
| Experience of those organising and/or leading the activity/event: *E.g. Provide details of any specific requirements: e.g. experience in leading guided walks; an up-to-date emergency first-aid and/or Disclosure & Barring Service (DBS) check* |
| Detail the target group for the activity (age, numbers in party, ability, special needs etc.): *E.g. adults, family groups, supervised children or anyone e.g. general members of the public* |
| Supervision arrangements for children and vulnerable adults:  |
| Individuals with specific requirements e.g. asthma, allergy to bee stings: *Parent/guardian/teachers must be responsible for all medication etc. Adults are encouraged to notify the group leader of any ill-health conditions or allergies that are relevant for us to know. Staff and volunteers leading events and activities are trained in emergency first aid.* | Parking and access: *Detail location including postcode or grid ref* |
| What arrangements have been put in place for managing emergency contact details? *Everyone organising activities and events outside normal operational hours must be familiar with the SWT emergency procedures and carry a copy in first-aid kits*  | Welfare facilities:*E.g. None on site or location of nearest facilities*  |
| Nearest A&E Hospital: Major injury: *Name, address and distance* Minor injury: *Name, address and distance*  | Mobile phone coverage: details which signals are goodNearest public phone:*Location and distance* | Nearest Automated External Defibrillator: (see [here](http://www.heartsafe.org.uk/AED-Locations)) *Location and distance* Nearest public building: *Location and distance* | Emergency services access points: *Details of site access for emergency services e.g. site entrance grid ref/street name)* |
| List equipment and PPE required for activity: *Outdoor clothing and suitable footwear advised for staff and volunteers.* |
| Site specific hazards which need to be considered in relation to activity: * *Dog walkers*
* *Grazing stock may be present*
* *Sharps (discarded needles)*
 | Expected weather and potential risks (heat stroke / hypothermia) and clothing requirements for participants: *:* |
| Detail first aid and emergency arrangements (e.g. level of first aid competency required & how will help be summoned): |

Are there any risks in the generic risk assessment(s) that are relevant for this specific activity (provide details):

*E.g. The hazards detailed in items 1 – 11 and 15 – 27 on the ‘Community Engagement Generic Risk Assessment’ are relevant to this site and activity and the risk control measures must be implemented, to reduce and ensure the activity/event is as safe as possible.*

Are there any risks related to this activity which are not detailed in the generic risk assessment(s) (provide detail of risks and how they will be controlled):

*All risks and hazards for this activity and site are covered in the generic risk assessment.*

What are the ‘cut-off’ criteria (when the activity will be stopped)?

* *Change in weather conditions*
* *Illness of staff member*
* *Inappropriate behaviour*
* *Accident or incident*

The ultimate decision to stop the activity will be made by SWT staff, although the situation should be discussed with the event organiser.

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| Person Completing Supplementary H&S Information |  | Date |  |
| Signature |  |

Form reviewed January 2019