

ROYAL ZOOLOGICAL SOCIETY OF SCOTLAND

RISK ASSESSMENT

GENERAL INFORMATION ASSESSMENT NUMBER: RZSS	DATE: 27/08/2010
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TASK: Guided bus tour HWP
INDIVIDUALS INVOLVED: Visiting groups and education staff
FREQUENCY OF ACTIVITY: Regular

A Individuals involved: Others = 3 (Visitor, Young Persons etc.), Contractor = 2 Employee = 1

B Likelihood: Likely = 3, Possible = 2, Remote = 1

C Worst Case Outcome: Serious (Death, major injury, major property loss) = 3, Significant (More than 3 day incapacity) = 2, Minor (Less than 3 day incapacity) = 1

Risk Rating

Un acceptable		Tolerable						Acceptable			
High		Medium						Low			
12		11	10	9	8	7	6	5	4	3	2
*		Apply Control Measure/s						Controls Necessary			

* Stop activity until Risk Rating reduced. Refer to Line Manager and or Safety Advisor.

HAZARD	CONTROL MEASURES IN PLACE.	A Individual	B Likelihood	C Worst Case Outcome	Risk Rating $A+(B \times C)$
1 Vehicles	Group will be instructed to be vigilant in the car park when boarding and leaving the bus Speed limit in car park 10mph	3	2	3	9
2 Bus tour	All group members to be seated while bus is moving Speed limit of 10mph in place	3	2	3	9
3 Biofacts (allergy, injury and disease)	All group told to wash hands after touching biofacts Any medical problems that could cause an issue should be reported to education officer by group leader. Group instructed to take care with biofacts to avoid injury (e.g. antlers)	3	2	3	9
4					
5					
6					
7					
8					
9					
10					
11					
12					

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ADDITIONAL CONTROL MEASURES IN PLACE/ COMMENTS

WHAT FURTHER ASSESSMENTS ARE REQUIRED? (I.E. COSHH, ML & H.....)

SHORT/LONG TERM RECOMMENDATION*	See attached sheet/s		Not Applicable	
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*Tick Appropriate Box

RECORD HERE ANY RESIDUAL RISKS
Record the risk level for each of these hazards with existing control measures in place.

ASSESSMENT REVIEW DATES		
Date: 27/09/2011	Name: Jasper Hughes	Signature
Date: 27/09/2012	Name:	Signature

This assessment to be reviewed on an annual basis or sooner should circumstances dictate.

Continue on separate sheet if required.

ASSESSMENTS COMPILED IN CONSULTATION WITH:
1
2
3
4
5

Assessor's Name:	Signature	Date:
Authorised/Checked By:	Date:	