**Pole Joust Risk Assessment**

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| ***Hazard*** | ***Existing Control Measures*** | ***Harm******(1-5)*** | ***Likely******(1-5)*** | ***Risk******(1-5)*** | ***Further Controls to Reduce Risk*** |
| Over enthusiastic participants | Responsible person supervising at all times | 1 | 1 | 1 |   |
| Jumping off unit, falling from inflatable bed. | Responsible person supervising at all times.Safety mats around entry/exit to the bouncy castle. | 1 | 1 | 1 | In the event of large numbers participants are controlled on and off of the castle. |
| Larger participants colliding with smaller participants | Responsible person supervising at all times, this inflatable is only designed for 2 persons at a time. | 1 | 1 | 1 | Participants put in to groups of similar size. |
| Tripping over anchorage points, spare equipment, electrical cables | Anchor points used as per manufacturers instructions and spare equipment erected safely or stowed away. Where possible electrical cable does not cross any public pathway. | 1 | 1 | 1 | In the event of large numbers of participants attending or large events, additional safety fencing is erected, electrical cables will be erected overhead or covered and suitably marked.  |
| Petrol Blower, GeneratorRisk of fire | Safety fencing erected around blower/generator.Blowers/generators filled with fuel before delivery Suitable fire extinguisher supplied, units are fire retardant, electrical equipment is PAT tested | 3 | 1 | 1 | All spare fuel is stored in suitable marked container, and in a safe location, units switched off during re fuelling, |
| Users getting hurt from blows by other participant | Ensure all users wear safety equipment provided,Responsible person supervising at all times. | 2 | 1 | 1 | Participants can be placed into pairs of similar size. |

**The above information is based on manufacturer’s criteria and experience from extensive use of the equipment.**

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| Any Notes, New risks:     |

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| Are all risks acceptable: (please circle) | Yes | No |
| Risk Assessment Carried out by |   | Signed |   | Date: |
| Checked By |   | Signed |   | Date:  |
|   |   |   |   |   |  |  |