

## Risk Assessment Form

This form should be completed with a list of hazards that affect the session, and should be written from a coaching perspective, not a venue management perspective. For each risk assessment there should be associated Emergency Action plan to be used in case a risk occurs.

Venue:		ARDINGLY COLLEGE POOL		Venue Contact Name & Contact Details:	<b>Rory Gillespie</b> Sales Administrator Ardingly Projects LTD  <a href="mailto:Rory.Gillespie@ardingly.com">Rory.Gillespie@ardingly.com</a> <a href="mailto:Ardinglylettings@ardingly.com">Ardinglylettings@ardingly.com</a> 01444 893152 / 01444 893030 POOL PHONE: 01444 893 049  Rory.Gillespie@ardingly.com
Address: (Include postcode)		THE SWIMMING POOL ARDINGLY COLLEGE COLLEGE ROAD ARDINGLY RH17 6SQ			
Group:		MID SUSSEX TRIATHLON CLUB		Location of first-aider:	LIFE GUARD ON DUTY
Date:		EVERY TUESDAY EVENING		Location of Defibrillator	POOLSIDE
Time:		8.00 – 9.00PM		Location of telephone:	POOLSIDE OFFICE (9 FOR OUTSIDE LINE)
Participants:	Number:	8-24		Location of toilets:	CHANGING ROOMS
	Age:	ADULTS (18-65)		Location of changing rooms:	DOORS TO LEFT OF CORRIDOR FROM MAIN ENTRANCE
	Ability:	MIXED. NOVICE TRIATHLETES TO EXPERIENCED AGE-GROUP TRIATHLETES 1 PARATRIATHLETE		Location of first-aid kit:	POOLSIDE OFFICE
Lead coach name:		NEIL GILES		Stocked and maintained:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Venue documents read and understood  (please ✓ appropriate box):		Normal operating procedures: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Additional notes:	MOBILE PHONE SIGNAL IS VERY POOR ON SITE GENERALLY AND SHOULD THEREFORE NOT BE RELIED UPON
		Health and safety policy: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Emergency action plan (EAP): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		DIAL 9-999 IN EMERGENCY FROM OFFICE PHONE			

Name of person conducting risk assessment:	Signed:	Date:
NEIL GILES		25.10.16

## Risk Assessment Form

Location & Description of Hazard:	People at Risk:	Level of Risk (High/Medium/Low):	Advice Required: (from whom)	Action(s) to Mitigate/ Remove Risk:	Person responsible for resolution:	Residual Risk: After resolution	Dates Reviewed
<p><b>POOLSIDE:</b></p> <ul style="list-style-type: none"> <li>• LIGHTING – GOOD LIGHTING LEVELS, NO GLARE</li> <li>• NOISE – ACOUSTICS ARE CHALLENGING</li> <li>• 25M POOL – VISIBILITY IS NOT AN ISSUE</li> <li>• SLIPPERY SURFACE WHEN WET</li> <li>• PLANT ROOM – CHEMICALS, RISK OF CHLORINE GAS</li> </ul>	SWIMMERS / COACHES / SPECTATORS	Likelihood: MEDIUM Impact: MEDIUM	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:	<ul style="list-style-type: none"> <li>• ENSURE ALL LIGHTS ARE ON FOR SESSION</li> <li>• ENSURE SWIMMERS ARE INSTRUCTED NOT TO RUN AROUND POOLSIDE</li> <li>• ALL POOL STAFF TRAINED IN HANDLING POOL CHEMICALS</li> </ul>	LEAD COACH / POOL STAFF	Likelihood: LOW Impact: LOW	25.10.16 - NG
<p><b>WATER/POOL:</b></p> <ul style="list-style-type: none"> <li>• 2M DEEP AT DEEP END SO TOUCHING THE POOL FLOOR AND STAYING ABOVE WATER IS NOT POSSIBLE</li> <li>• WATER TEMPERATURE USUALLY 28° AND CAN FEEL WARM CAUSING OVERHEATING</li> </ul>	SWIMMERS / COACHES / SPECTATORS	Likelihood: HIGH Impact: HIGH	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who:  COACH TO CHECK WITH POOL STAFF FOR WATER QUALITY UPDATES	<ul style="list-style-type: none"> <li>• ENSURE SIGNAGE IS IN PLACE</li> <li>• BRIEF SWIMMERS ON SHALLOW &amp; DEEP END LOCATIONS AND DEPTHS</li> <li>• OPEN DOORS TO INCREASE VENTILATION WHEN REQUIRED</li> <li>• LIAISE WITH POOL STAFF TO GET UPDATES ON WATER QUALITY AND POSSIBLE ISSUES</li> <li>• NO DIVING AT SHALLOW END</li> </ul>	LEAD COACH / POOL STAFF	Likelihood: LOW Impact: LOW	25.10.16 - NG

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<ul style="list-style-type: none"> <li>• AIR TEMPERATURE – VENTILATION IS POOR, SO CAN BECOME VERY WARM CAUSING OVERHEATING OR DISCOMFORT</li> <li>• LOW WATER QUALITY RISKING SICKNESS</li> <li>• LOW WATER QUALITY AFFECTING BREATHING AND/OR VISIBILITY</li> <li>• POOL TILES ARE IN GOOD CONDITION – CHECK REGULARLY FOR ANY CHANGE</li> </ul>				<ul style="list-style-type: none"> <li>• DIVE ONLY ON INSTRUCTION OF COACH</li> <li>• ADVISE ALL SWIMMERS TO BRING PLENTY OF FLUIDS DUE TO WARM AIR &amp; WATER TEMPERATURES</li> </ul>			
<p><b><u>ORGANISATION:</u></b></p> <ul style="list-style-type: none"> <li>• SWIMMERS NOT FOLLOWING POOL / LANE ETIQUETTE</li> <li>• SWIMMERS HITTING THEIR HEAD DOING BACKSTROKE</li> </ul>	SWIMMERS	Likelihood: MEDIUM Impact: MEDIUM	X No <input type="checkbox"/> <del>Yes</del> If yes, who:	<ul style="list-style-type: none"> <li>• BRIEFING TO INCLUDE POOL RULES &amp; SWIM DIRECTION</li> <li>• PUBLICISE LANE ETIQUETTE TO ALL MEMBERS</li> <li>• COACHES TO OBSERVE ATHLETE/COACH RATIOS AS PER BRITISH TRIATHLON GUIDANCE</li> <li>• ENSURE 5M FLAGS ARE IN PLACE</li> </ul>	LEAD COACH	Likelihood: MEDIUM Impact: LOW	27.04.17 - NG

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<p><b><u>PARTICIPANTS:</u></b></p> <ul style="list-style-type: none"> <li>• UNABLE TO COMPLETE 200M FRONT CRAWL</li> <li>• WELFARE CONCERNS FOR YOUTH MEMBERS</li> <li>• ANY PHYSICAL OR LEARNING DISABILITIES</li> <li>• UNDERLYING MEDICAL CONDITIONS, ILLNESS OR INJURY</li> <li>• SWIMMERS UNABLE TO UNDERSTAND OR HEAR INSTRUCTIONS</li> <li>• NUMBER OF ATHLETES IN EACH LANE</li> </ul>	SWIMMERS / COACHES	Likelihood: LOW Impact: HIGH	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, who:  CHECK WEEKLY WITH SWIMMERS FOR ANY UNDERLYING MEDICAL ISSUES	<ul style="list-style-type: none"> <li>• CHECK BASIC SWIM COMPETENCE OF ANY NEW SWIMMER (ENSURE MINIMUM OF 200M UNAIDED SWIMMING)</li> <li>• SUITABLE LANE SUPERVISION WHEN YOUTH MEMBERS ATTEND SESSION</li> <li>• ENSURE SWIMMER SIZES &amp; ABILITIES ARE ASSESSED AND PARTICIPANTS ARE GROUPED ACCORDINGLY WITHIN SWIM LANES</li> <li>• ENSURE LANE ETIQUETTE IS OBSERVED BY SWIMMERS AND MANAGED BY COACH</li> <li>• ALLOW SWIMMERS TO MOVE TO SIDE / END TO REST IF FEELING FATIGUED OR UNWELL</li> <li>• CHECK AT EVERY SESSION FOR ANY MEDICAL ISSUES OR INJURY – OVERT OR UNDERLYING, AND MODIFY SESSION OR EXCLUDE PARTICIPATION AS REQUIRED</li> <li>• CHECK REGULARLY FOR SWIMMER UNDERSTANDING FOLLOWING INSTRUCTION</li> <li>• OBSERVE LANE CAPACITY IS OBSERVED (MAX 7 SWIMMERS PER LANE) – SWIMMERS TO BE TURNED AWAY AT THE COACHES DISCRETION IF NUMBERS ARE EXCEEDED</li> </ul>	LEAD COACH	Likelihood: LOW Impact: LOW	27.04.17 - NG

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<p><b><u>POOLSIDE EQUIPMENT:</u></b></p> <ul style="list-style-type: none"> <li>• REMOVABLE ITEMS STORED AROUND POOLSIDE INCLUDE: STARTING BLOCKS, POOL COVER, WATER POLO GOALS, PLASTIC CHAIRS, EQUIPMENT STORAGE CRATES, SWIMMERS EQUIPMENT &amp; DRINKS, WATER DISPENSER, OFFICE TABLE</li> <li>• IMMOVABLE ITEMS AROUND POOLSIDE INCLUDE SPECTATOR BENCHES, WIPE BOARD</li> </ul>	SWIMMERS / COACHES / SPECTATORS	Likelihood: HIGH Impact: MEDIUM	X No <input type="checkbox"/> Yes If yes, who:	<ul style="list-style-type: none"> <li>• ENSURE ALL MOVEABLE ITEMS NOT REQUIRED FOR THE SESSION ARE MOVED AWAY FROM POOLSIDE</li> <li>• POINT OUT ITEMS TO SWIMMERS AS POTENTIAL TRIP HAZARDS</li> </ul>	LEAD COACH / POOL STAFF	Likelihood: LOW Impact: LOW	25.10.16 - NG
<p><b><u>VENUE ACCESS:</u></b></p> <ul style="list-style-type: none"> <li>• STEEP STEPS &amp; INCLINED SLOPE DOWN TO POOL ENTRANCE IS POORLY LIT WHEN DARK AND CAN BE SLIPPERY IN WET/COLD WEATHER</li> </ul>	SWIMMERS / COACHES / SPECTATORS	Likelihood: LOW Impact: HIGH	X No <input type="checkbox"/> Yes If yes, who:	<ul style="list-style-type: none"> <li>• MAKE ALL ATTENDEES AWARE AS APPROPRIATE</li> </ul>	LEAD COACH / COLLEGE CONTACT	Likelihood: LOW Impact: LOW	25.10.16 - NG

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<b>HUMAN RESOURCES:</b> <ul style="list-style-type: none"> <li>• LIFE GUARD NOT IN PLACE</li> <li>• SWIMMER / LIFEGUARD RATIO OF 1:40 EXCEEDED (LANE SWIMMING)</li> <li>• COACH / ATHLETE RATIO</li> </ul>	SWIMMERS / COACHES	Likelihood: MEDIUM Impact: HIGH	<input checked="" type="checkbox"/> No <input type="checkbox"/> <del>Yes</del> If yes, who:	<ul style="list-style-type: none"> <li>• ENSURE LIFEGUARD IS IN PLACE PRIOR TO SESSION START</li> <li>• NO LIFEGAURD – NO SESSION</li> <li>• ASSESS PARTICIPANT NUMBERS AND ENSURE THEY MEET RATIOS FOR LIFEGUARD &amp; COACHING</li> <li>• ESTABLISH COACHED AND UNCOACHED LANES IF REQUIRED DUE TO RATIOS</li> </ul>	LEAD COACH	Likelihood: LOW Impact: MEDIUM	24.04.17 - NG
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	

<b>Location &amp; Description of Hazard:</b>	<b>People at Risk:</b>	<b>Level of Risk</b> (High/Medium/Low):	<b>Advice Required:</b> (from whom)	<b>Action(s) to Mitigate/ Remove Risk:</b>	<b>Person responsible for resolution:</b>	<b>Residual Risk:</b> After resolution	<b>Dates Reviewed</b>
		Likelihood: Impact:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who:			Likelihood: Impact:	

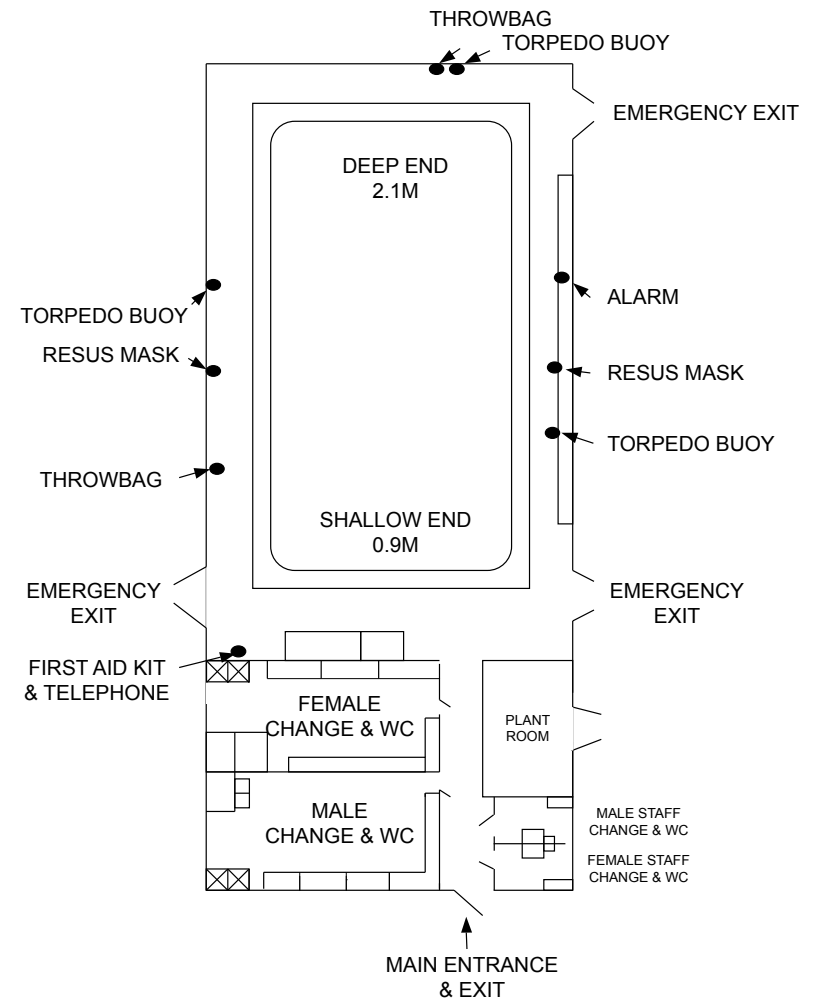
Add more pages as required

**Insert Diagram(s) of layout of venue with key safety elements marked (this page is intended to be shared between Risk Assessment and EAP):**



ARDINGLY COLLEGE  
 COLLEGE ROAD  
 ARDINGLY  
 RH17 6SQ

HAYWARDS HEATH - 7 MINS  
 NEAREST HOSPITAL 7-10MINS:  
 PRINCESS ROYAL  
 Lewes Rd  
 Haywards Heath  
 RH16 4EX  
 Phone: 01444 441881



**OVERALL SITE PLAN**



