

# Boot Up! Activity Assessment Form

Name:	Date:	Location: Boot Up ! site & environs
Visiting school Name & Address:		
<p>Activity: gardening <input type="checkbox"/> woodwork <input type="checkbox"/> art &amp; crafts <input type="checkbox"/> fire pit <input type="checkbox"/> forest school <input type="checkbox"/> expedition <input type="checkbox"/> site walk <input type="checkbox"/> construction <input type="checkbox"/> cooking <input type="checkbox"/> (circle)</p> <p>other...</p>		

Hazards List significant hazard. Get rid of hazard. How can I control the risk?	Risks List people at risk	Evaluation L,M or H Aim to make all risks LOW. List existing controls	Record & review Date 3month/6months/annual Any significant change? Who is responsible? Keep Written records
<b>Gardening</b> – slips trip & falls Cuts & bruises <b>Woodwork</b> – slips trip & falls Cuts and bruises <b>Arts &amp; Crafts</b> Paper cuts, scissor cuts Slips trips and falls, <b>Fire pit</b> – burns and scalds, s;ips trips and falls, smoke inhalation, bit in eyes <b>Forest School</b> – cuts and bruises, slips trip and falls, burns, bits in eyes <b>Expedition</b> - slips trips and falls, sprained ankles, branches overhead Construction – cuts & bruises, slips trips and falls <b>Cooking</b> - burns and scalds, knife cuts,  <b>Other</b>	All  All  All  All  All  All  All		

Assessment By:

Signed