

| <b>ACTIVITY: Arialtrail Junior Course</b> |                                | <b>Blindfold Activity</b> |  | <b>LOCATION: Arialtrail/Pink Pig Farm</b> |   | <b>REF No. G</b> |                              |
|---|--------------------------------|---------------------------|--|---|---|------------------|------------------------------|
| No.                                       | HAZARD                         | PERSONS AT RISK           | CONTROL MEASURES   | RISK ESTIMATE<br>L x S                    |   | RISK RATING      | ADDITIONAL CONTROLS REQ. Y/N |
| 1   | People bumping into equipment. | A,B,C,D,E                 | People will have a buddy who will communicate with them as to where to position him or herself.  | L   | M | LOW              | NO                           |
|   | Sharp objects on blind fold    | A,B,C,D,E                 | Arialtrail Instructors will inspect the blindfold before use, all blindfolds are cleaned before use.   | L   | M | LOW              | NO                           |
|   | Falling from height            | A,B,C,D,E                 | All participants will have a full safety brief and training before using the equipment, and will be fitted with the appropriate safety equipment provided by Arialtrail for this activity. | L   | M | LOW              | NO                           |
|   | Slips/trips/falls              | A,B,C,D,E                 | A non-blindfolded buddy will assist participants with activities.  | L   | M | LOW              | NO                           |

|                 |                         |
|-----------------|-------------------------|
| ASSESSMENT DATE | 30-05-20                |
| REVIEW DATE     | 30-05-22                |
| ASSESSORS NAME  | A FOWLER DIRECTOR/OWNER |

| PERSONS AT RISK CODE               |                                 |
|------------------------------------|---------------------------------|
| <b>A</b> – ARIALTRAIL INSTRUCTORS  | <b>D</b> – OTHER SITE PERSONNEL |
| <b>B</b> – MEMBERS OF THE PUBLIC   | <b>E</b> – YOUNG PERSONS        |
| <b>C</b> – EMERGENCY SERVICE STAFF |                                 |

| No. | ADDITIONAL CONTROLS REQUIRED                 | RISK ESTIMATE<br>L X S |   | RISK RATING | RESPONSIBLE PERSON / DEPT | COMPLETION DATE |
|-----|--|------------------------|---|-------------|---------------------------|-----------------|
| 1   | Participant can remove blindfold at any time | L                      | M | LOW         | Participant               | 30-05-20        |
|     |  |                        |   |             |                           |                 |
|     |  |                        |   |             |                           |                 |
|     |  |                        |   |             |                           |                 |
|     |  |                        |   |             |                           |                 |

Signature of Assessor.....

# STANDARD OPERATING PROCEDURES

Signature of Assessor.....