# Appendix E – Sample Risk Assessment – Jumping Castle

UNCONTROLLED WHEN PRINTED

**Generic Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Ref No: (e.g. Asset or Purchase Number) |  | Site |  |
| Date of assessment: |  | Department/Area: |  |
| Identify/describe activity, equipment, area or event you are assessing: **USE OF JUMPING/BOUNCING CASTLE (Amusement Device)** |

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| --- | --- | --- | --- | --- |
| **Item** | **Step 1: Identify the hazard/s:** | **Step 2: Assess the risks:**  | **Step 3 & 4: Reducing the risk:** | **Step 5: Monitor & review:** |
| A hazard can be defined as a source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to environment, or a combination of these | When conducting a risk assessment, **YOU MUST** consider what could happen if someone is exposed to a hazard (consequences), the likelihood of it happening and how long the worker is exposed to the hazard. | What are the most suitable controls to reduce the risk?Use ‘Hierarchy of Control’ from top down and combine multiple controls if needed to reduce risk to as low as reasonably practicable.**Hierarchy of controls**Level 1: – Eliminate the hazardsLevel 2: – Substitute the hazard with something saferLevel 3: – Reduce the risk through engineering controlsLevel 4: – Reduce the exposure to the hazard through administrative controlsLevel 5: – Use personal protective equipment | How will the risk be monitored and who has the responsibility? Record review date |

| **ItemNo** | **What could cause harm?** | **What could go wrong?** | **Controls** | **Additional Controls** | **Date Completed** | **Review method & position/person responsible** | **Review Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NOTE: Different requirements may apply depending on the Inflatable Amusement Device you hire dependant on the platform height. Platform Height – In relation to an inflatable device (continuously blown) means the height of the highest part of the device designed to support persons using it (the platform) as measured from the surface supporting the device to the top surface of the platform is inflated but unloaded ( ie from the ground to the highest point at with a child is supported eg top of slide) Refer to the end of this risk assessment for regulatory requirements on the different platform heights. |
|  | * Colliding with other jumpers
* Falling or jumping off the castle entrance
* Doing stunts on the jumping castle
* Slips
* Trips
* Access / Egress – easily accessible in the event of an emergency
 | * Open wounds
* Strains
* Sprains
* Dislocations
* Fractures
* Concussion
* Neck Injuries
* Head Injuries
 | * Follow the supplier’s instructions regarding amount of children on at once
* Match children who are on together in age/size
* No somersaults, flips or other fancy moves.
* Children to be instructed on safe play while on the castle
* Other children in area to be kept clear of jumping castle when in use.
* No eating or drinking while on the jumping castle.
* Set time limit on jumping so children don’t get tired.
* Clear, simple instructions given to children on how to use individual equipment & consequences if equipment is used incorrectly. Entry and exit areas are clear & well defined.
 | * Visual checks prior to use – nets, jumping surfaces
* Supervision at all times. Educator to stand next to equipment being used. If Educator required in another area activity to be ceased.
* Any issues identified at the time of inspection, equipment to be taken out of service immediately and reported to supplier.
* Senior First Aiders onsite
* Serious injuries to be reported asap to Ambulance, Police, Club President and Lions MD 201 Risk Management.
 |  |  |  |
|  | * Injury to patrons of bystanders (falls or being hit by moving objects)
 | * Fatality
* Serious injuries
 | * Ensure jumping caste has been inspected and maintained by engineer.
* Obtain their public liability insurance
* Structure and accessories to be secured. Ensure all anchor points, ropes and stakes or ballast are undamaged and fit for continual use (do in consultation with the operator).
* Check all tie down ropes attached to the devise are fastened to adequate anchorages and there is adequate soft fall area.
 | * Jumping Castle must not be erected under any trees or overhanging branches or overhead power lines
 |  |  |  |
|  | * Electrical (delete this if they use a generator)
* Generator (delete this if are using electricity to blow the castle up)
 | * Electrocution
* Electric shock
* Fuel spill
* Exposure to fumes
 | * Cords are tested and tagged.
* Portable RCD used.
* Weatherproof fittings in use
* Adequate protection of the public from any trip hazards from cords are minimised.
* Fuel for generator is stored in appropriate containers that are labelled. SDS available for the fuel. Decanted in well ventilated area.
 |  |  |  |  |
|  | * Fire prevention
 | * Fire
* Serious injuries
 | * Fire extinguisher is available
 |  |  |  |  |
|  | * Windy conditions
 | * Structure lifting resulting in children being thrown off
 | * Operator monitors prevailing wind conditions
* Jumping castle will not be used in wet weather
 |  |  |  |  |
|  | * Sharp objects that could puncture the bouncy castle
 | * Lacerations
* Serious injuries
 | * Structure will not be set up on concrete or gravel and will be checked thoroughly before it is used.
* Children asked to remove their shoes and any other sharp objects before they go on the structure.
 |  |  |  |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

**Completed by:**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE** | **DATE** |

**In consultation with**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE** | **DATE** |

**Risk Assessment Authorised by:**

|  |
| --- |
| **REVIEW/FEEDBACK Please circle Yes or No** |
| Were the controls effective? | YES | NO | Were there any unforeseen hazards or issues? | YES | NO | Were there any incidents? | YES | NO |
| DETAILS | DETAILS | DETAILS |
|  |  |  |
| NAME: | SIGNATURE | DATE |

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE** | **DATE** |

**The following section is to be completed after the completion of task or activity.**