

<b>ACTIVITY:</b>	Bus Travel	<b>GROUP:</b>	Senior Camp Junior Camp	<b>Page 1 of 1</b>
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HAZARD NO.	LIST OF HAZARDS	RISKS		CONTROL MEASURES	After hazard is adequately controlled.	
		LIKELIHOOD	SEVERITY		Likelihood	Severity
1.	Slips/trips/falls	High	Medium	<ul style="list-style-type: none"> <li>• Campers warned to be careful when getting on and off the bus.</li> <li>• First Aid kits to be taken by the qualified leader.</li> <li>• Emergency contact information taken for each camper.</li> </ul>	Low	Medium
2.	Illness	Low	Low	<ul style="list-style-type: none"> <li>• Leaders will carry any necessary medication for particular campers at all times e.g. epipen.</li> <li>• First Aid kits to be taken by the qualified leader.</li> <li>• Emergency contact information taken for each camper.</li> </ul>	Low	Low
3.	Accident	Low	High	<ul style="list-style-type: none"> <li>• Seatbelts to be worn at all times.</li> <li>• First Aid kits to be taken by the qualified leader.</li> <li>• Emergency contact information taken for each camper.</li> <li>• Accurate bus list required</li> </ul>	Low	High
4.	Unruly campers	Low	Low	<ul style="list-style-type: none"> <li>• Supervision by leaders at all times.</li> <li>• Campers sent Camp Rules prior to camp.</li> </ul>	Low	Low

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**This risk assessment is a WORKING DOCUMENT and is updated if additional hazards are identified and when control measures are modified or changed in light of experience. The scheduled date for the next full review is identified below. This document should be stored safely and securely by the Officer in Charge.**

Risk Assessment completed by:

Signatures: ..... Leader      Date: .....

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Date/Time Risk Assessment was shared with Leaders: .....

Date/Time Risk Assessment was shared with Campers: .....

Date for next review: (for regular activities this should be a maximum of 1 year from the above date): .....