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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **032RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **WETLANDS AND PONDS** | | |
| **In conjunction with this risk assessment training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)* | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)* | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Biological**   * Water Pond – depth | | * Falling in pond * Getting wet during activities * Drowning | | * Student supervision by teacher in charge. Depending on students’ needs additional support may be required. To be assessed on the day * Spare clothes available * Area is fenced with lockable gate and locked at all times when not in use  Student education prior to entering pond regarding use and behaviourContinuous monitoring  * Any issues to be reported immediately to Officer * Senior First Aiders on site * Council Regulations – check with local council for any specific requirements | | |
| **Biological**   * Water Sedimentation * Hygiene | | * Contaminated Water * Infection * Disease * Blue/Green Algae | | * Pond water is filtered with pump * Adequate provision for adequate hand washing – younger pupils should be seen to wash their hands * No eating in the pond area * Do not allow students to touch any part of their face with their hands before hands are washed * Any algae scum should be removed, avoiding skin contact  Workplace Inspections conducted on area 6 monthlyWater testing if required  * Personnel Protective Equipment available | | |
| **Biological**   * Insects | | * Mosquito borne diseases –Ross River | | * Water is filtered via filtration pump system * Citronella plants * Periodic water testing if required * Frogs placed in pond * Fish placed in pond | | |
| **Biological**   * Exposure to Plants | | * Allergies | | Senior First Aiders on siteIf required parents to be informed of any issues | | |
| **Electricity**   * Frayed cords * Faulty appliances * Over loading of power sockets * Damaged powerboards * Overheating of equipment | | * Burns * Fire * Explosion * Contact with exposed wires * Electric Shock * Electrocution | | * Visual Inspections * Pump is tested and tagged every 12 months * RCD is push button tested 6 monthly and time tested every 2 years  Documentation to be maintained  * Pump placed in cage for security and protection for students * Electrical cords placed in conduit underground to prevent slips, trips and falls | | |
| **Gravity**   * Rocks around perimeter (area sandy) | | * Slips, trips, falls * Cuts and abrasions | | * Area to be checked weekly. If rocks are sandy, area to be swept * Ensure perimeter does not become obscured and area around the pond does not deteriorate * Area on Preventative Maintenance Schedule * Any issues to be reported to Officer immediately | | |
| **Extreme Temperatures**   * Extreme heat * Extreme cold * Rain * Lightening * Floods | | * Sunburn * Lightning | | Hats, sunscreen availableArea not accessible during extreme weather conditions | | |
| **Other** | |  | |  | | |

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| **Authorised by (name):** |  | **Signature:** |  | **Date:** |  |

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

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |