

Camp Risk Assessment Form

Name of camp:	Activity/Area being assessed: Laundry	Camp leader's name:
Name(s) of risk assessors 1) 2) 3)	Date risk assessment undertaken:	Time period risk assessment is valid for:

What are the hazards?	Who could be harmed and how?	What controls do you have in place?	Are further controls needed? Yes/No if yes please outline below	Date action completed
Fire	All in building Death or injury through burns or smoke inhalation	1.No smoking in buildings 2.All equipment serviced annually or PAT 3. Empty filters on dryers daily and Hoover 4. No sleeping in this area 5. Linen not to be stored on top of dryers Manufacturers guide in laundry	None	During camping week
Gas Tumble Dryers	Burns to Users	Use manufacturers guidelines for use on all equipment	None	During camping week

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Gas Tumble dryers	Users of laundry through fumes, explosions	Dryers serviced annually Users to to be aware of where the gas valves are to turn off gas to building	None	During camping week
Iron	Burns and scalds to users	Use manufacturers guidelines kept in Laundry	None	During camping week.

Signature of Risk Assessor:..... Print name..... Date:.....

Signature Camp Leader: Print name Date:.....

Send for comment to Woodlarks H&S Advisor at