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| **Date:** | September 21st, 2023. |  |  |  |  |  |  |  |  |  |  |
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| **Assessors Name:** | **J. Vincent** | **Reference Number:** | **CPAC RA1** | **Review Date:** | Annually  |
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| **Endorsed By:** | **A White** | **Signature:** |  | **Position:** |  | **Date:** |  |
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| **Description of assessment** | Castle point Astronomy Club Observing sessions including, outreach.  |
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| **Location Details** | **St Michaels church, Haleigh country park, Wallasea island, The Dengie and other observing sites as well as remote dark sky sites.**  |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Injury, ill health, and Mechanical breakdown in remote places | Club members, Visitors  | 4 | 2 | 8 | H | * There shall always be two people as a minimum when observing.
* A working phone shall also always be carried.
* Ensure vehicles are in a good state of repair to avoid breakdowns at the site or nearby isolated roads.
 | Always let a family member or friend Know where you are going, and what time you will be coming back. | Person making the trip. | Day of travel | 4 | 1 | 4 | L |

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| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Tripping over, bumping into objects, slipping on uneven ground and wet grass.Falling off access ladders or hop ups to access telescopes. Hazards are worse at night due to poor lighting.  | Club members and visitors  | 4 | 3 | 12 | H | * Only set up telescope on flat level ground.
* Stepladders and hop ups should be used on solid ground, appropriate footwear should be worn. Persons using the hop up or ladder to be supported, children shall be supported by the responsible Adult.
* Equipment should not be stored where it would cause a tripping hazard.
* Torch to be carried at night
 |  |  |  | 4 | 1 | 4 | L |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Blinded by accidently looking at the sun through telescope or binoculars.  | Club Members and the public especially children  | 4 | 3 | 12 | H | * Only use dedicated solar telescopes for observing
* Children and the public shall always be supervised by an adult.
* Never use glass solar filters screwed into the eyepiece.
* The telescope shall be fitted with the appropriate solar filter covering the end of the telescope unless using solar projection.
 | All telescopes Shall remain covered if not in use during the day.  | Person supervising |  | 4 | 1 | 4 | L |
| Being struck by moving vehicle. | Club members & visitors observing from carparks, grass verges and roads.  | 4 | 2 | 8 | M | * Telescopes shall only be set up in a designated or segregated area of a car park, or in an area that is free from parked cars and away from roads and traffic movements.
 | Consider the use of a high vis reflective jacket. | Key holder.Event Organiser. |  | 4 | 1 | 4 | L |
| Lyme’s disease, | All persons visiting remote observing sites | 4 | 2 | 8 | M | * Stay clear of grassy areas be aware of ticks; wear close fitting clothing covering arms and trousers tucked into boots Use insect repellent on exposed skin.
* Check for ticks at end of observing.
* Contact NHS 111 if found.
 |  |  |  | 4 | 1 | 4 | L |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Mosquito, horse fly bites & stings | Observers and members of the public | 3 | 4 | 12 | H | * Use insect repellent on exposed skin.
* if you're outside at a time of day when insects are particularly active, such as sunrise or sunset, cover your skin by wearing long sleeves and trousers.
* Avoid observing near water such as ponds and swamps.
 |  |  |  | 3 | 1 | 3 | L |
| Short section of road leading from Wallasea island to the mainland is occasionally cut off by tide. | Club members | 3 | 3 | 9 | H | * Wear suitable clothing and footwear for the weather and ground conditions. Carry enough food and drink for the duration.
* Always carry a working mobile phone.
* If caught out stay in safe location and wait for the tide to go out, do not drive on the road while it is flooded there are diches on both sides of the road.
 | Check tides before accessing the Island. | Key holder. | Day of observing trip. | 3 | 1 | 3 | L |
| **Identified Hazards** | **Who may be affected** | **Risk Level before control measures****S x L = R** | **Existing control measures** | **Additional Control measures required** | **To be actioned by** | **Completion date** | **Final Risk level****S x L = R** |
| **S** | **L** | **R** | **RR** | **S** | **L** | **R** | **RR** |
| Exposure to extreme or changeable weather.Sunburn & Hypothermia. | Observers and members of the public | 4 | 3 | 12 | H | * Always bring additional warm clothing when observing at night during the summer and winter.
* Temperatures at night can fall to 4 deg C in summer and -6 deg C or more in the winter.
* Appropriate footwear for the weather and ground conditions.
* When daytime observing use sun screen on exposed areas of skin and wear a hat.
* Carry enough food and drink for the duration, hot flask in winter.
 |  |  |  | 4 | 1 |  | 4 |

**Guidance Notes**

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| **SEVERITY** | **5** | **5** | **10** | **15** | **20** | **25** |
| **4** | **4** | **8** | **12** | **16** | **20** |
| **3** | **3** | **6** | **9** | **12** | **15** |
| **2** | **2** | **4** | **6** | **8** | **10** |
| **1** | **1** | **2** | **3** | **4** | **5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **LIKELIHOOD** |

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| **LIKELIHOOD** |
| **5** | **Almost Certain – Very High Risk** |
| **4** | **Probable – High Risk** |
| **3** | **50/50 – Medium Risk** |
| **2** | **Improbable – Low Risk** |
| **1** | **Almost impossible – Very Low Risk** |

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| **SEVERITY** |
| **5** | **Fatality – Very High Risk** |
| **4** | **Severe incapacity – High Risk** |
| **3** | **Absent 3 weeks – Medium Risk** |
| **2** | **Absent less than 1 day – Low Risk** |
| **1** | **Insignificant – Very Low Risk** |

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| **1–4 LOW** | **5–9 MEDIUM** | **10–15 HIGH** | **16–25 VERY HIGH** |
| **Continue with existing control, however monitor for changes.****Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires attention to reduce the rating as well as regular ongoing monitoring.** **Implement any additional control measures required, within the timescales given in the** **risk assessment.** | **Requires immediate attention to bring the risk down to an acceptable level. Implement the control measures required, within the timescales given in the risk assessment and continue to review working practices to reduce the probability of an accident to the lowest possible level.** | **Stop immediately – the risk is too high.** **Take immediate action to reduce the risk to the lowest level possible.**  |

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| **Additional comments:**1. This risk assessment needs to be discussed with Castle Point astronomy club members to ensure compliance with all control measures through their understanding
2. Members are to sign an acknowledgement sheet for their understanding of this risk assessment
3. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the plant or working practices, or after an accident/near miss
4. This risk assessment must be approved by the nominated person for health and safety before being issued as a live document
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| **Assessor 1 name:** |  | **Signature:** |  | **Date:** |  |

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| **Assessor 2 name:** |  | **Signature:** |  | **Date:** |  |

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| **I, the undersigned, have been fully briefed on this risk assessment and other control measures in place to reduce the risk of injury to the lowest possible level. I fully understand my duties as an employee, to follow the control measures in this risk assessment and the method statement.** |
| **Club member** | **Observing site (activity)** | **Date** | **Employee comments/recommendations** | **Signature** |
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