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|  | | **MOD Risk Assessment Form** | | **MOD Form 5010** | | | |
| **Establishment /Unit/Ship:**  **Army Sports Control Board** | | | | | **Assessment Ref:**  **ASCB/01** | **Date:**  **1 Sept 17** | |
| **Section/Department:**  **Army Boxing Association** | | | | | **Assessment Type**  **(Note 1) tick as appropriate** | | |
|  | | | | | **Specific** | **Generic** | |
|  | | | | | | | |
| **Activity/Process:**  **SPARRING** | | | **Who is at risk:** | | | | |
|  | | | **All staff:** | | | | |
|  | | | **Operators and/or maintenance staff:** | | | | |
|  | | | **Visitors, vulnerable groups, public, etc. :** | | | | |
|  | | | | | | | |
| **Ref** | **Hazard** | | | | | | **RA Required** |
| 1 | Death From Brain Injury | | | | | |  |
| 2 | Burst Eardrum, Detached Retina, Fractures to face, hands, ribs | | | | | |  |
| 3 | Bruising to face hands and ribs | | | | | |  |
| 4 | Dehydration | | | | | |  |
| 5 | Muscle Strain or Injury | | | | | |  |
| 6 | Injury due to damaged or faulty equipment | | | | | |  |
|  | | | | | | | |

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| **Likelihood** | | | | | | | | **Risk Matrix** | | | | | | | | | | | | |
| **Common, regular or frequent occurrence.** | | | | | | **3** | | **3 Med** | | | | **6 High** | | | | | **9 High** | | | |
| **Occasional occurrence.** | | | | | | **2** | | **2 Low** | | | | **4 Med** | | | | | **6 High** | | | |
| **Rare or improbable occurrence.** | | | | | | **1** | | **1 Low** | | | | **2 Low** | | | | | **3 Med** | | | |
| **Severity** | | | | | | | | **1**  **Minor injury or illness.** | | | | **2**  **Serious injury or illness.** | | | | | **3**  **Fatalities, major injury or illness.** | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Hazard**  **Ref** | **RISK Associated with Hazard**  **(How people may be harmed – type of injury or ill health)** | | | | **Existing Control Measures**  **(Note 2)** | | | | | | | | | **Risk Rating** | **Additional Controls Required**  **(Note 2)** | | | | | **Review frequency**  **(Note 3)** |
| 01 | Death from Brain Injury | | | | Head Guards, Bandage inspections, Abdominal protectors, Qualified ABAE Level 2 Coach, annual medicals and Fit to box, pre sparring verbal confirmation of boxers consent to Spar are compulsory. Coaches to be qualified and in date and registered with the Army BA. All Boxers are to be registered through the Army BA. Boxers are categorised and matched according to Weight and Experience. 16oz gloves for sparring are compulsory.  Coaches are to be aware of the local emergency procedures for their Gymnasium and Camp / Club. | | | | | | | | | 1 x 3 = 3 | Boxers conducting sparring should only spar to a maximum of 2 x per week and not on consecutive days or a duration of their competitive round duration plus 1 round  ie Dev A boxer  4 x 2 mins rounds  Dev B boxer  5 x 2 mins rounds  Elite boxer  4 x 3 mins | | | | | Annually |
| 04 | Dehydration | | | | 1 min breaks afforded at end of each round, Rounds only 2 or 3 mins max dependant on Cat of Boxer, max of 5 rounds for any boxer | | | | | | | | | 2 x 1 = 2 |  | | | | | Annually |
| 05 | Muscle injury / strain | | | | All boxers are trained by qualified coaches and have pre bout medical to ensure fitness to box | | | | | | | | | 3 x 1 = 3 |  | | | | | Annually |
| 06 | Injury due to faulty or damaged training equipment including Boxing Rings and Boxing attire | | | | Senior Coaches (Level 2 and above) are to inspect all training equipment including the Boxing Ring for servicablilty prior to any training taking place | | | | | | | | | 2 x 1 =3 | All Training Rings held by Units are to be inspected as part of the Affiliation process. | | | | | Annually |
|  | | | | | | | | | | | | | | | | | | | | |
| **Assessor** | | | | | | | | | **Manager (Note 4)** | | | | | | | | | **Overall Activity/Process Risk Rating** | | |
| **Name:** | | | **SSgt Browring** | | | | | | **Name:** | | **NL Pearce** | | | | | | |
| **Rank/Grade:** | | | **SSgt** | | | | | | **Rank/Grade:** | | **C2** | | | | | | | Med | | |
| **Date:** | | | **1 Sept 17** | | | | | | **Date:** | | **1 Sept 17** | | | | | | |  | | |
| **Sig:** | | |  | | | | | | **Sig:** | |  | | | | | | |  | | |
| **Line Manager Assessment Review**  **(Note 3 and 4)** | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | **Date:** | | |  | | | **Date:** | | |  | | | **Date:** | | |  | |
| **Name:** | |  | | **Name:** | | |  | | | **Name:** | | |  | | | **Name:** | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

**Notes:**

1. If using a ‘Generic’ risk assessment, Assessors and line managers are to satisfy themselves that the assessment is valid for the task and that all significant hazards have been identified and assessed. If additional hazards are identified they are to be recorded and attached to the Generic assessment.

2 Only a reference or simple description of the control measures is required. If the risk assessment identifies the need for additional control measures, the hazard will need to be reassessed once the additional controls have been implemented.

3 Risk Assessments are to be reviewed:

* at a frequency proportional to the risk (e.g. high risk – 6 monthly; medium risk – annually; low risk – every 2 years)
* where required by local instructions/procedures;
* if the safe execution of the activity relies on stringent supervision and/or adherence to a safe system of work;
* if there is reason to doubt the effectiveness of the assessment.
* following an accident or near miss.
* following significant changes to the task, process, procedure, personnel or line management.
* following the introduction of more vulnerable personnel.
* If a “Generic” assessment then prior to use.

4 Line managers are to note that they are responsible for production of the risk assessment and that they are signing to indicate that the risk assessment is suitable and sufficient and they consider the risks to be acceptable.