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| **Date:** | **25th August 2021** |  | | | | | **Named First Aiders:** | | | **Marcus Berry** | | | | **Sue Jackson** | | |  | | |
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| **Assessors Name:** | | **Marcus Berry** | **Reference Number:** | | **TTRA - Version 4** | | | **Review Date: 01/11/2021** | | | | **Ongoing – As per Government and TTE guidance updates** | | | | | | | |
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| **Endorsed By:** | | **Teresa Cornish** | **Signature:** | |  | | | **Position:** | **Centre Manager** | | | **Date:** | | | **25/08/2021** | | | | |
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| **Description of assessment** | | **Coronavirus (COVID-19)** | | | | | | | | | | | | | | | | | |
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| **Location Details** | | **Sports Hall, Bideford Youth Centre, Kingsley Road, Bideford, EX39 2PF** | | | | | | | | | | | | | | | | | |
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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** |
| **Catching / Spreading** | Session Attendees | 5 | 3 | 15 | H | * Face masks to be worn when not involved in playing activity. * Sanitising hand gel to be used when entering or leaving the playing area. * A register to be kept of attendees who will be required to give their name, contact telephone number and e-mail address. * Individuals asked to scan location bar code point. * Table Tennis tables and chairs to cleaned with sanitising liquid before putting away in the storage area. * Handles of doors and other contact points to be wiped with sanitising solution at the end of the session. | This document will be sent to all previous attendees via e-mail and all new attendees. | Marcus Berry (Session Organiser) |  | 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** |
| **Catching / Spreading**  (continued) | Session Attendees | 5 | 3 | 15 | H | * Individuals are not permitted in the up stairs areas of the building. | Any changes or updates to this guidance will be forwarded to all previous attendees via e-mail. | Marcus Berry (Session organiser) |  | 4 | 1 | 4 | L |

**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 – 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 – 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. Attendees are to confirm acknowledgement and their understanding of this risk assessment via e-mail to marcusj.berry@outlook.com 2. The risk assessment is to be reviewed on an annual basis, or sooner if changes are made to the guidance from the Government or Table Tennis England. |

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| **Session Organiser:** | **Marcus Berry** | **Signature:** |  | **Date:** |  |

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| **Register.** | | | | |
| **Attendee’s name** | **Telephone Number** | **E-mail Address** | **Date** | **Signature** |
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