

ARCHERY RISK ASSESSMENT

Activity / Area: Archery

Location: Designated Outdoor Activity Area

Assessed by: Centre Warden

Date: 22nd March 2026 **Review Date:** 1st March 2027

Risk Assessment Table

Hazard	Who Might Be Harmed	Existing Controls	Further Action Required (if any)
Being struck by arrow	Children, staff, visitors	Activity supervised at all times; controlled shooting line established; only one direction of shooting permitted; no one allowed forward of shooting line until instructed	None
Misuse of equipment	Children, staff, visitors	Safety briefing provided; equipment used only as intended; supervision enforces correct use; unsafe behaviour results in removal	None
Failure to follow commands	Children, staff, visitors	Clear commands used (e.g. stop, collect); participants instructed before activity; supervision ensures compliance	None
Equipment failure (bows, arrows)	Children, staff, visitors	Equipment checked before use; damaged equipment removed from use; regular inspections carried out	None
Trip hazards in activity area	Children, staff, visitors	Area kept clear; safe layout maintained; supervision ensures movement is controlled	None
Arrows left on ground	Children, staff, visitors	Controlled collection process; participants only retrieve arrows when instructed; supervision ensures compliance	None
Spectators entering activity area	Children, staff, visitors	Activity zone clearly defined; spectators kept at safe distance; supervision controls access	None
Weather conditions (wind, poor visibility)	Children, staff, visitors	Weather conditions assessed before and during activity; activity suspended if unsafe	None
Manual handling of equipment	Staff, volunteers	Equipment handled using safe techniques; loads kept manageable	None

Hazard	Who Might Be Harmed	Existing Controls	Further Action Required (if any)
Injury during activity	Children, staff, visitors	First aid provision available; supervision ensures rapid response; emergency procedures in place	None

Assessment Summary

Are existing controls adequate? Yes No

If no, ensure further actions are completed.

Sign-off

Assessed by: _____

Signature: _____

Date: _____

