

CAMP KITCHEN RISK ASSESSMENT

Activity / Area: Camp Kitchen

Location: Camp Kitchen 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)
Slips, trips and uneven ground	Children, staff, visitors	Ground conditions monitored; area kept clear; hazards identified and addressed; appropriate footwear advised	None
Fire	Children, staff, visitors	Open cooking controlled; fire extinguishing means available; fires not left unattended; safe distances maintained	None
Gas appliances (camp cooking)	Children, staff, visitors	Appliances used by responsible persons; gas supply controlled via accessible shut-off point; connections checked before use	None
Burns from cooking equipment	Children, staff, visitors	Cooking supervised; hot surfaces not touched; safe use instructions followed	None
Poor ventilation (enclosed or sheltered use)	Children, staff, visitors	Cooking undertaken in open or well-ventilated area; not used in confined spaces	None
Trip hazards (equipment, hoses, utensils)	Children, staff, visitors	Equipment positioned safely; walkways kept clear; supervision ensures safe movement	None
Weather conditions	Children, staff, visitors	Weather assessed before use; activity stopped in unsafe conditions (e.g. high winds)	None
Food safety	Children, staff, visitors	Food handled in accordance with hygiene procedures; cross-contamination prevented; cooking temperatures followed	None

Hazard	Who Might Be Harmed	Existing Controls	Further Action Required (if any)
Cleaning and hygiene	Children, staff, visitors	Area cleaned after use; waste removed; hygiene standards maintained	None
Waste accumulation	Children, staff, visitors	Waste stored in designated bins; removed regularly	None
Behavioural risks (misuse of equipment)	Children, staff, visitors	Clear rules provided; supervision enforced; unsafe behaviour addressed immediately	None
Emergency situations (fire, injury)	Children, staff, visitors	Emergency procedures in place; first aid available; fire control measures in place	None

Assessment Summary

Are existing controls adequate? Yes No

Sign-off

Assessed by: _____

Signature: _____

Date: _____