

CAVING TUNNELS RISK ASSESSMENT

Activity / Area: Caving Tunnels

Location: Designated Tunnel System – Sports Hall

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)
Head injury from low ceilings / impact	Children, staff, visitors	Protective helmets must be worn at all times; supervision ensures compliance; safety briefing provided before entry	None
Trips, slips and uneven surfaces	Children, staff, visitors	Surfaces monitored; appropriate footwear required; supervision in place; participants briefed on hazards	None
Confined space / restricted movement	Children, staff, visitors	Access controlled and supervised at all times; only suitable participants permitted; clear entry and exit points maintained	None
Panic or distress in enclosed environment	Children, staff, visitors	Participants briefed before entry; supervision present at all times; individuals may withdraw at any time; activity monitored closely	None
Collision between participants	Children, staff, visitors	Numbers controlled; safe spacing maintained; supervision manages movement through tunnels	None
Lack of visibility	Children, staff, visitors	Adequate lighting provided where required; activity supervised; hazards explained during briefing	None
Entrapment or obstruction	Children, staff, visitors	Tunnels designed for safe passage; regular inspection carried out; access restricted if unsafe	None
Unauthorised access	Children, staff, visitors	Access restricted when not supervised; clear rules communicated; area monitored	None

Hazard	Who Might Be Harmed	Existing Controls	Further Action Required (if any)
Medical incident within tunnels	Children, staff, visitors	First aid provision available; supervision ensures rapid response; emergency procedures in place	None
Behavioural risks (running, pushing, misuse)	Children, staff, visitors	Clear rules provided; supervision enforced; unsafe behaviour results in removal from activity	None

Assessment Summary

Are existing controls adequate? Yes No

If no, ensure further actions are completed.

Sign-off

Assessed by: _____

Signature: _____

Date: _____

