**Area – Toilets & Showers**

**The Leader in charge to review the risk assessment and add any further requirements specific to meet the needs of their section / group.**

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| **What hazard have you identified?** | **What are the risks from it?** | **Who is at risk?** | **How are the risks already controlled?****What extra controls are needed?** | **What has changed that needs to be thought about and controlled?** |
| Slips, Trips and Fall | Injury to users | Those staying on site and visitors | Leaders to brief that there will be not running or disruptive behaviour around the toilet blockToilets / shower block will be reasonably clean upon arrival.Toilets / shower block to be reasonably kept clean by users whilst on camp and when leavingWeekly check to ensure Toilets / shower block sound and equipment not broken |  |
| Legionella | Infection, breathing issues and potentially death | Those staying on site and visitors | Water kept at temperatureWeekly check and running of hot and cold water by Glenny site teamAnnual formal test undertaken |  |
| Drains, septic tank and wastewater | Leaks, blockages and if not dealt with diseases | Those staying on site and visitors | Weekly check inspection by Glenny site teamIssue to be reported by phone ***01275562102*** |  |