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# **RISK ASSESSMENT FORM**

| **Activity: Playing table tennis in the Ballincollig Community Centre,Cork City** | **Date of Assessment: 23/06/2025** |
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| **Assessment Undertaken By: Eoin Kelly** | **Risk Category: Individual** |
| **Hazard** | **Risk of** | **Person / Item Affected** | **Existing Controls** | **Person Responsible** | Risk Evaluation |
| **L** | **C** | **RR** |
| Slips, Trips & Falls.EquipmentPlayersSafeguarding | Physical injuryPhysical injuryPhysical injuryPhysical injury & abuse  | All participantsAll participantsAll participantsChildren & vulnerable adults | Sports Hall floor to be cleaned by Community Centre staff on a regular basis. Inspect floor condition before every session for possible hazards. Check player footgear is correct. Report non-functioning lights to caretaker.Lids to be kept on water bottles during playMop up water spillages immediately and place wet floor signs out for remaining duration of training session. Stop playing if floor becomes slippery due to condensation, mop up and turn on fan heating until floor is dry.Check equipment before use for safe useOnly trained persons to set tables up/down Correct lifting technique when moving equipment in/out of store to be adopted – two people are required to mover tables.. Ramp provided for moving tables from the store area onto the hall floor and back again must be used at ALL timesOnly three people in the store when moving equipment in/outAppropriate footwear/ dress to be wornBats to be in playable conditionPlayers to be injury/illness free – disclosure of injury/illness to be sought where indicated and no play allowed/restricted.Vetting & safeguarding training completed by coaches, volunteers, club safeguarding officer & designated liaison personClub safeguarding risk assessment in placeContact details for Club Safeguarding Officer and Designated Liaison Person on Club websiteContact details for Safeguarding Officer for each competition/event placed on notices at each Club eventAll persons attending training sessions/events are to sign in and out in the attendance sheet provided. | Hall managerSession coachSession coachSession coachSession coachSession coachSession coachSession coachSession coachSession coachSession coachSession coachSession coachClub ChairpersonClub ChairpersonClub SecretaryEvent referee/top table administratorSession coach/event manager | 11332122211112111 | 32333233333233322 | 32996266633236322 |

**ACTION PLAN**

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| **Hazard** | **Proposed Additional Control Measures Required** | **Person(s)****Responsible** | **Date Completed**  | Residual Risk Evaluation |
| L | C | RR |
|  |  |  |  |  |  |  |
| **Signature:Eoin Kelly's signature****Signature:**  | **Date: 23/6/25****Date: \_\_\_\_\_\_\_\_\_\_\_** |  **Revision No:****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Next Review Date:** |
| **Risk Assessment Communicated to Coaches: Yes** √ **No** [ ]   | **Date Risk Assessment Communicated to Coaches: 25/6/25** |