

BPA Parachute Training Organisation (PTO) Risk Assessment Form **Stay safe**



Please read the guidance (BPA Form 244a) before completing this form

Please remember:

- 1 The Assessor must identify if additional control measures are needed to reduce the level of risk. If so, these should be listed in column 5 'Additional Controls'.
- 2 Copies of this document should be retained and readily available for inspection.
- 3 The risk assessment must be reviewed if changes occur to the tasks/activity undertaken, equipment, personnel, legislative, BPA or PTO SOP requirements. Otherwise, the risk assessment will remain valid for a period of up to one year after which it must be reviewed and updated as necessary.

Part A: Assessment details

Name of PTO		Person carrying out this Risk Assessment:	
Address:		Signature:	
Telephone Number:		Date of Assessment:	
Chief Instructor:		Latest Review Date:	

Part B: Risk level matrix

Likelihood:

Severity:

1	Improbable	1	No or trivial injury / ill health
2	Unlikely	2	Minor or slight injury / ill health
3	Even chance	3	Significant injury / ill health
4	Likely	4	Incapacity
5	Almost certain	5	Fatal

Risk level matrix:

L i k e l i h o o d	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5

Severity

Key:

	Intolerable
	High
	Moderate
	Low
	Insignificant (ignore)

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1 Hazard, task or activity	2 Who might be harmed?	3 Pre-control risk rating	4 Existing controls	5 Additional controls	6 Post-control risk rating

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