

**Head 4 Heights Ltd  
Cotswold Country Park & Beach**

**Safety Policy**

**&**

**Safe Working Practices**

**Updated March 2012**

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## 1. Introduction

The purpose of this document is to ensure the safe operation and management of the Head 4 Heights Operation at Cotswold Country Park & beach. This list is not exhaustive and other activities may also be covered by this document.

This document is intended to clarify safe working practices for all activities taking place and the principles and ethos that surround them. These activities are covered by the following definition taken from EN: 15567: “constructed facility consisting of one or more activity systems, support systems and, if needed, belay and / or safety systems. A ropes course is distinct from playground equipment in that it has restricted access and requires supervision”.

This Safety Policy complies with working at height regulations 2005 (amended). To comply with these regulations we have followed the guidance of the Adventure Activity Industry Advisory Committees (AAIAC) UK Ropes Course Guide 2009.

**Review and Amendments:** This document has been written by Rod Baber of Head 4 Heights and RCD Ltd. Changes to this document may only be made by them and only with the agreement of the other party.

**Standards:** When and where relevant the following standards will be adhered to by the policy and those operating under the policy.

The Working at Height Regulations 2005 (amended 2007)  
European Standard EN: 15567 for Ropes Courses Parts 1 and 2  
The European Ropes Course Association Standards

## 2. Terminology

**HEAD 4 HEIGHTS Core Team:** Describes permanently employed Head 4 Heights staff, directors, Site Manager and all senior instructors with relevant qualifications.

**HEAD 4 HEIGHTS:** For the purpose of this document, any reference made to Head 4 Heights is used as a general term and refers to the policy of Head 4 Heights.

**Ropes Course Developments (RCD)** This is the organisation that will design and build the High Ropes Course.

**Programme:** Any course run by Head 4 Heights.

**Senior Instructor:** Individual assigned to manage and co-ordinate an event (inc. staff, delivery and logistics).

**Elements:** Particular RCD constructed task or activity. To include all High Level tasks (activities done at height with the use of dynamic ropes, safety systems and Personal Protective Equipment (PPE)).

### **3. Code of Conduct**

#### **3.1 Challenge by Choice**

The ethos of Challenge by Choice is operated by HEAD 4 HEIGHTS at all times, irrespective of what activity is taking place. This is to ensure that no inappropriate pressure or persuasion is placed upon a group or any individuals during any part of any activity. This principle must be explained by instructors at the beginning of each programme.

#### **3.2 Responsibility**

HEAD 4 HEIGHTS Core Staff will ensure that all information and administration is organised and available prior to and during an event.

The appointed Senior Instructor is responsible for the overall event delivery, and managing and co-ordinating the employed staff and logistics.

The safe running of any session is the responsibility of ALL qualified persons during the session.

To this end it is expected that all clients will conform to any rules and regulations set by HEAD 4 HEIGHTS.

#### **3.3 HEAD 4 HEIGHTS Rights**

HEAD 4 HEIGHTS reserves the right to exclude any individual or client whose behaviour or actions are believed to be endangering themselves, others or both. This includes any behaviour which undermines the role of HEAD 4 HEIGHTS staff and/or Challenge by Choice. In such an event a full explanation will be given both verbally and in writing when appropriate.

#### **3.4 The Environment**

HEAD 4 HEIGHTS staff and clients will all behave in an environmentally sensitive nature, observing proper codes with particular reference to litter and fire risks.

It is important that HEAD 4 HEIGHTS staff ensure that the site has been properly cleaned after each event, equipment has been accounted for and stored correctly, and all measures have been made to continue to protect the environment.

#### **3.5 Signage**

Clear warning signs to be placed around the course in clear view of the public eye. Additionally clear signage at front gate as a marker point to direct emergency services in the unlikely event they are called to site.

# ***Employment Policy***

Any company or associate that HEAD 4 HEIGHTS employ, or sub-contract to supply, or support the delivery of a programme must:

Read and agree to abide by this document.

Have been trained by a qualified person and assessed by an approved examiner such as Vertex.

Any person working independently with participants must have a current First Aid Certificate, and if working on ropes course elements, a HEAD 4 HEIGHTS site specific or ERCA approved Instructors Certificate. If a facilitator does not have the required HSE First Aid and Ropes Course Certificate, HEAD 4 HEIGHTS will provide an instructor to support the facilitator. Although the learning will be the responsibility of the facilitator, the safety and well-being of participants' will be the responsibility of the instructor.

Ensure that HEAD 4 HEIGHTS Instructors certificate and HSE First Aid certificate are valid and inform HEAD 4 HEIGHTS immediately if they are not. To this end HEAD 4 HEIGHTS requires copies of all individuals' relevant qualifications/certificates. References from former employers may also be required.

Ensure all required Accident forms and/or RIDDOR forms or Near Miss reports are completed as soon as is practically possible (see appendices for examples)

Any observations relevant to the risk assessment procedure, or indeed any other working practice, should be reported to the Site Manager, or if not available, another member of the HEAD 4 HEIGHTS Core Team.

## **4.1 Sequence of introduction of new associates**

All associates introduction, competence and qualifications are verified by:

An introductory meeting at HEAD 4 HEIGHTS site to be conducted by the Site Manager.

Appropriate certificates being observed and copied

The new associate observing a programme

The new associate working with HEAD 4 HEIGHTS Core Team while delivering a programme

HEAD 4 HEIGHTS Core Team observing the associate while working with a group

The associate supervising a group

## **4.2 Records**

For Ropes Course activities, all staff involved in instruction and/or supervision will hold the appropriate qualification. For almost all activities the relevant qualifications will be those awarded by HEAD 4 HEIGHTS onsite training and assessment programmes.

An integral part of any of the aforementioned qualifications is a valid H.S.E. approved First Aid Certificate.

The HEAD 4 HEIGHTS office must have relevant copies of the following records (where applicable), for staff working on HEAD 4 HEIGHTS Programmes:

HSE First Aid Certificate

HEAD 4 HEIGHTS site specific Instructors Certificate

Any specific element Certificates

Self-employed declaration form

Student declaration form (if appropriate) signed

Safety policy read and signed

## **4.3 Safety and Child Policy**

HEAD 4 HEIGHTS, as an organisation that works extensively with young people, recognises the need for a policy that not only provides a safe environment, which young people can enjoy, but also protects staff working with young people. The following conditions are a mandatory part of employment when the company recruits.

All new applicants will be interviewed and assessed working with groups and individuals.

All applicants must provide at least two references, either from school or work related posts.

All applicants must be prepared to be police checked.

All applicants must be prepared to sign the rehabilitation of offenders if required.

Staff will be expected to adhere to the following, not only for their safety, but also for that of the young person.

Staff must ensure that all under 8yrs old participants are accompanied at all times by parents or registered guardians over 18yrs.

Staff will not use offensive, racist, or sexist behaviour whilst on duty.

Staff, whilst checking equipment which a young person is wearing, will only check the equipment when other people are present.

Staff will never be alone with a young person at any time out of the public eye. Staff will report any contact from a young person that he/she considers places that staff member at risk from complaint.

Staff have a duty to pass on information to higher authority if they suspect abuse, either sexual or emotional, or neglect of the young person by any person; or if the young person has or is in the process of committing an offence.

Other than the above, if the young person confides in staff, they will keep the conversation confidential. If 6 above applies, the young person MUST be warned that the disclosure will be passed on. The appropriate person to pass information to will be the Site Manager, who will take appropriate action, either contacting Social Services or the Probation Services.

Any staff that suspects that other staff are not adhering to the policy must report the matter to the Site Manager.

All staff should adopt the following methods of working:

Demonstrate, at all times integrity and respect for all.

Display high standards of behaviour.

Make sure all participants are aware of the necessary rules, organisation and safety relevant to the activity.

Be aware of the emotional, physical and intellectual development of young people.

Promote fair play and the positive aspects of sport and physical activity.

Inform all participants, parents or guardians whom to approach if they have a complaint or other concern relating to the organisation.

## Emergency Procedures

### **5.1 Sequence of Communication**

In the event of any emergency, accident, injury or incident, one of the persons listed below must be informed:

Rod Baber  
General Manager- Ben Jarvis (MB:07540 838249)

At Head 4 Heights Ltd, Cotswolds Country Park & Beach, Spratsgate Lane,  
Cirencester, Gloucestershire, GL7 6DF  
TL: 01285 770007  
EM: info@head4heights.net

### **5.2 Medical Forms (copy in appendices)**

All participants will be asked to inform HEAD 4 HEIGHTS Core Team of any relevant medical conditions that may affect performance.

### **5.3 First Aid Box**

The senior instructor onsite will always have immediate access to First Aid box. Any materials or equipment used must be reported to a member of HEAD 4 HEIGHTS Core Team to ensure the item(s) are replaced. The Site Manager is responsible for the First Aid boxes. First Aid box will be checked as part of each monthly inspection.

### **5.4 Accident Procedure**

Ensure your individual safety.

Immediately ensure participants' safety.

Make an assessment of the situation and choose the appropriate course of action based upon First Aid training. Do not move the injured person until you are sure it is OK to do so.

#### **5.4.1 If the individual is mobile and wishes to continue**

Check medical form

Ensure that person is able to carry on. If in any doubt, follow guidelines below

Ensure that the accident book is correctly completed (see appendix)

Continue with the activity

#### **5.4.2 If casualty remains mobile but requires First Aid attention**

Bring injured individual to office for treatment; ensure remaining individuals are safe and supervised

Examine medical form

Treat casualty appropriately. If in any doubt regarding the injury or the treatment, seek professional medical attention

Ensure that the accident book and/or RIDDOR forms are completed (see appendix)  
Continue with the activity.

#### **5.4.3 If casualty remains mobile, but requires hospital treatment or consultation**

Bring individual to the nearest first aid room and inform a member of HEAD 4 HEIGHTS Core Team immediately

Examine medical form

Treat casualty with appropriate First Aid

If required, call ambulance (if in any doubt – call ambulance)

If an ambulance is not required, a colleague of the delegate or a taxi should transport the injured individual to the hospital

Ensure that the accident book and/or RIDDOR forms are completed (see appendix).

Note: No HEAD 4 HEIGHTS staff are permitted to transport the individual, however you may be required to travel with that person if required.

#### **5.4.4 If the person is immobilised and is on the ground**

If casualty is immobilised, ensure appropriate immediate First Aid and ensure action to prevent deterioration and preserve the injured individual

Call ambulance and/or inform a member of HEAD 4 HEIGHTS Core Team, if on site

Examine medical form

Treat casualty with appropriate First Aid

Ensure that the accident book and/or RIDDOR forms are completed. (see appendix).

#### **5.4.5 If the person is immobilised and is at height**

If on a Bottom/Top Rope system and is dangling then lower gently to ground

If on cow tails and dangling affect a rescue according to training. If immobilised at height and on a platform (towers for example) then it may be more appropriate to treat them in the first place in situ. Remember we are in a controlled environment – not the mountains!

Call ambulance and/or inform a member of HEAD 4 HEIGHTS Core Team, if on site.

Examine Medical Form.

Treat casualty with appropriate First Aid.

Ensure that the accident book and/or RIDDOR forms are completed (see appendix).

### **5.5 Accident Book (see appendix)**

A recording and entry must be made and fully completed for ALL accidents or injuries (however slight you may feel it is). The accident book is kept by the Site Manager. If Site Manager is not on site the Senior Instructor will contact HEAD 4 HEIGHTS core team to update accident book.

Any accident that happens during a HEAD 4 HEIGHTS programme, on or off the site, must be recorded with all possible detail in accordance to the requirements stated on the form.

Once this form is completed please pass on to the Site Manager for checking and assessment (he/she must decide whether it's sufficiently serious to be notified to our insurers) together with a copy of the injured party's completed medical form.

### **5.6 RIDDOR (see appendix)**

The incident will have to be reported under the RIDDOR Regulations if there is work-related accident resulting in death of, or serious injury to, an employee or a self-employed person working on site; or if a member of the public is killed or taken to hospital.

RIDDOR '95 means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, which came into force on 1 April 1996. RIDDOR '95 requires the reporting of work-related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents. You need to report: deaths, major injuries, accidents resulting in 3 days off work, diseases and dangerous occurrences

The RIDDOR book is located at HEAD 4 HEIGHTS Offices  
RIDDOR forms will be completed by the Site Manager from the Accident Book reports so it is imperative that these are accurate and complete.

### **5.7 Near-Miss Book (see appendix)**

ANY incident taking place which could have led to a dangerous occurrence, accident or injury, MUST be reported in the near miss book.

The near miss-book is kept by the Site Manager

Incidents must be discussed with the Site Manager so that the appropriate action can be taken to prevent the same, or similar situation arising again.

### **5.8 Safety**

(Also see section 7 Inspections). An appointed Inspector checks all equipment on the ropes course monthly. His written report is then passed to the Site Manager who ensures the transfer of the information on to the appropriate computer files. Any repairs / replacements etc. are arranged accordingly.

It is, however, the responsibility of the instructor using the equipment to ensure that the elements and equipment relevant to the session are checked and fully operational, prior to use, according to their training. Instructional staff must also double check that the element has not been taken out of use. If this is the case,

the HEAD 4 HEIGHTS Core team will have been informed, it will be recorded in the store and the relevant ropes will have been removed.

NB: The Fan Descender must be checked in its entirety (i.e. on a par with its monthly check) every time it is used.

The Senior Instructor in charge of activity sessions should also satisfy themselves that all relevant apparatus and equipment is working correctly prior to use. This can be done in conjunction with the instructors' inspections and their reports.

All Personal Protective Equipment (PPE) conforms to CE standards and is replaced according to manufacturers' recommendations if not sooner.

## Activity Procedures

The site will be inspected prior to the group arriving and any damage or required maintenance reported immediately to the Site Manager.

Appropriate colour coded ropes and equipment will be installed.

The Site Manager has the right to change, alter or cancel the session in the interest of the safety or the well being of the participants.

Any changes made to a programme must fall within the parameters of the qualification held by the Instructor/Facilitator.

If any member of staff believes that an element is unsuitable for use due to a safety issue, then that person is to identify the element as 'out of use' and remove any relevant equipment from the equipment store and take it to the office. Any actions and/or observations should be reported to the Senior Instructor and/or HEAD 4 HEIGHTS Core staff. That element may not be used again until the Site Manager has cleared the element for safe use.

An element that is new or changed should not be used until the instructor has received the appropriate training and holds the appropriate qualification, which must be assessed by Vertex or the approved examiner.

The aims and objectives of the group must be clarified and understood prior to the programme commencing. The group numbers, medical forms and duration of the programme will be checked prior to the group's arrival.

### 6.1 Conducting the Activity Session

Briefing and Safety points to be emphasised to the group will include:

No smoking on the course.

Challenge by Choice and Group Support is always in operation.

Fire Procedure

Toilets and Refreshments

Helmets to be worn at all times on the course for high elements (this includes spectators).

All participants and instructors on Low Ropes will wear helmets. If we have 70 participants, those doing low ropes under 1m would not have a helmet.

Elements must not be used without supervision.

No eating or chewing gum during the activities.

Possible hazards of jewellery, watches and sharp objects in pockets. These should be removed to protect the item, and the person wearing it from injury. Any item that cannot be removed, if possible, should be covered with tape found in the medical kits.

Climbing calls, or a similar form of clear communication, must be used to ensure climbers and belayers are working together.

Additionally:

All Senior Instructors must wear Cows Tails while wearing harnesses.

The Emergency Procedures must be followed.

Correct rescue procedures must be followed in case of an emergency.

Harnesses and helmets must be fitted in accordance with manufacturers recommendations and individually inspected by a qualified instructor.

The Health and Safety aim is to conduct a session, free from emotional and physical harm.

Any special needs of groups and individuals will be respected.

If required, demonstrate the information regarding spotting on activities.

## **6.2 Belaying**

Before participants belay, a qualified instructor must give them an accurate demonstration. The instructor holds ultimate responsibility. A participant will never be allowed to belay without supervision.

A belayer **MUST** have a second person holding the inactive rope at all times. If it is not possible to have a participant assume this role, then the instructor must assume that position and if necessary “tie off” according to training given. Once the instructor sees the participant is able to belay independently they will be permitted to belay on their own

**NO** group member may lower other participants on high activities at any time unsupervised. Only HEAD 4 HEIGHTS staff may lower participants, or must have control of the rope by holding and controlling the inactive rope. Participants may only be able to lower independently once approved by instructor.

Where another training company is involved in the programme (particularly in ‘use of facility’ situations) no employee or representative of that company is to be permitted to belay, or assist belaying.

### **6.3 Fan Decender**

1 The recommended maximum weight limit of participants is 16 stone however this presupposes that participants are in good physical condition and feel confident in their ability to “carry” their own weight. Wherever possible participants should not be carrying excess weight for their size. HEAD 4 HEIGHTS have chosen to limit weight for all participants to 16 stone even though manufacturer lists 18 stone as maximum limit.

2 Practice landings should be carried out on the ground prior to participation in this activity

3 Instructors must ensure that the cable remain taut at all times during the ascent

4 Once on the platform participants must check with the instructor that it is ok to step off before doing so

5 Participants must step out away from the platform in line with the arrow (if present) but must not jump

6 Legs must be together and knees slightly bent for landing.

7 Landing zone gravel must be raked to a depth of 15-20cm, prior to each fan decender session

#### **Instructor: Participant Ratios**

For belayed events each instructor at any one time can work with groups up to and not extending 12 participants.

No more than 4 participants in each group will be off the ground at any one time.

### **6.8 Conclusion of the Activity Session**

All equipment must be accounted for and taken off site and placed in secure storage.

Any loss or damage of equipment must be reported to the Site Manager.

An appropriate feedback/review session between the Instructors, Facilitators and Consultants will be conducted at the discretion of the Client Manager or Site Manager.

## **Inspections**

### **7.1 Daily Inspections**

Prior to daily opening Senior Instructor will carry out full inspection on all elements in operation. Inspection will be fully assessed and recorded inclusive of all PPE.

### **7.2 Monthly Inspections**

Site Manager will be responsible for carrying out full monthly inspection. Inspection will be fully assessed and recorded inclusive of all PPE. Monthly inspection to include advanced inspection of Fan Descender and Zip Wire.

### **7.3 Annual Inspections**

Annual Inspection to only be carried out by ERCA (European Ropes Course Association) certified Inspector. UK ERCA inspector is Steve Gunn from High Time Technical Consultants Ltd.

Employee Information

Name.....

Date of Birth.....

Tel Day.....

Mobile.....

E-mail.....

Fax.....

Any Relevant Medical Information

.....  
.....  
.....  
.....  
.....  
.....

Next of Kin.....

Relationship.....

Address

.....  
.....  
.....  
.....

Contact number.....

## Personal Qualifications

List of relevant Qualifications	Expiry Date

On completion please hand signed copies of qualification certificates to Site Manager together with completed copy of The Safety Policy and Safe Working Practices document.

### 1.3 Employee Declaration

I,..... have read and understood the Safety Policy and Safe Working Practices of Head 4 Heights Adventures Ltd.

I Hereby agree to comply with all of the above conditions and safe working practices of Head 4 Heights Adventures Ltd whilst employed by the aforementioned Company.

Signed:

Date:

Voluntary Opt Out Agreement

This Agreement is made between:

Head 4 Heights Limited registered in England and Wales under company number 04733597 whose registered office is at Dennis and Turnbull, Swatton Barn, Badbury, Swindon, Wilts, SN4 OEU and

Name of  
Employee.....  
Address Of  
Employee.....

And hereby states as follows:

The Working Time Regulations 1998 provide that an employer is required to take all reasonable steps to ensure that workers do not work more than an average of 48 hours a week over a 17-week period. However, a worker may voluntarily agree to work more than the 48-hour average weekly limit.

The Company and the Employee hereby agree that the 48-hour average weekly limit shall not apply to the Employee. This Agreement will remain in force (for a period of one year/ indefinitely). The Employee or the Company may terminate this Agreement at any time by either giving not less than (three months') written notice to the other.

Signed:

.....  
For and on behalf of the Company

Signed:

.....  
(Name of employee)

Date:

.....  
Note:

Where a worker has agreed to work in excess of the 48-hour weekly working limit, the employer is required to keep a record of the workers who have opted-out.

## **Pre-Activity Briefing**

Listed below are full details of the briefing made by HEAD 4 HEIGHTS qualified high and low rope instructors at each stage of all group and general public activity sessions.

Before entering Active Zone

All participants are informed of Challenge by Choice.

All participants will sign relevant Disclaimer/Medical forms and confirm they have read safety advisory notes including medical information details, which will be inspected by Senior Instructors. Senior Instructor will ascertain feasibility of all participants taking part in all activities. By reading medical forms and by further questioning and weighing.

All participants are asked to remove chewing gum, all other non edible and edible items from their mouths and placed in bin on site.

All participants will be asked to remove jewellery including ear rings, nose rings, bracelets, watches and necklaces. For items that can not be removed the instructor will ask the participant to put tape on or around the respective items. If necklaces or bracelets can not be removed the participant will not be allowed on ropes course.

All participants will be told how to put on helmets and instructed not to remove them at any time once they enter the Active Zone.

All participants will be shown how to put on remaining Personal Protective Equipment (PPE) and instructed to wear them as directed.

All participants will be told they are not permitted to smoke at any time while wearing PPE.

All participants will be instructed were to go in the Activity and how to approach each activity.

All participants will be told that they should not make any adjustment to their PPE once it is on but if they do then they must have it re-checked before further participation in any activity.

All participants will then be asked, if they have any further questions before entering Active Zone.

Activity briefing will cover all activity procedures.

## **10. Weight Limitation and Control Measure Procedures**

Hazard

Exceeding maximum viable descent rate to cause personal injury.

Who may be harmed

Authorised members of the public.

**Risk Level** (remaining with existing control measures).

Low.

Existing control measures / comments for Fan Descender

All adults (18yrs plus) to specify their weight and medical conditions on medical forms. Medical forms to be handed over to senior instructor prior to commencement of all programmes.

No adults to be permitted to use Fan Descender if 16 stone (224lbs or 102kg) or over. Manufacturers recommendations, list maximum limitations for Fan Descender are 18 stone however, HEAD 4 HEIGHTS have chosen to operate maximum weight restrictions at 16 stone.

Should the senior instructor have concerns about the validity of a customers weight as claimed on the medical form then they shall ask them directly. This questioning will be done privately away from earshot of the group.

All customers who have listed that they are over 15 stone or over on their medical form will be weighed with scales onsite.

The only exception to point number 3 is if a customer directly asks an instructor what the weight limitations are in front of a group. If this occurs then the senior instructor will inform the group on weight restrictions.

The senior instructor on site is fully responsible for reviewing all medical forms and enforcing weight restriction limitations.

All under 18yr olds will only be permitted onto Fan Descender if senior instructor visually ascertains that they are under 16 stone. If senior instructor believes the child is 15 stone or over they will be weighed.

If the child is deemed over weight by the senior instructor but has been informed by either their parents, guardian or independently that they are under 16 stone they will still not be permitted to use the Fan Descender.

## **Existing control measures / comments for Auto Belay Devices (True-blue & North Auto Belay)**

All adults (18yrs plus) to specify their weight and medical conditions on medical forms. Medical forms to be handed over to senior instructor prior to commencement of all programmes.

No adults to be permitted to use system if 22 stone (310lbs or 140kg) or over as per manufactures recommendations.

Should the senior instructor have concerns about the validity of a customers weight as listed on the medical form then they shall ask them directly. This questioning will be done privately away from earshot of the group.

All customers who have listed that they are over 18 stone or over on the medical form will be weighed with scales onsite.

The only exception to point number 3 is if a customer directly asks an instructor what the weight limitations are in front of a group. If this occurs then the senior instructor will inform the group on weight restrictions.

The senior instructor on site is fully responsible for reviewing all medical forms and enforcing weight restriction limitations.

All under 18yr olds will only be permitted onto auto belay devices if senior instructor visually ascertains that they are under 18 stone. If senior instructor believes the child is 18 stone or over they will be weighed on site.

If the child is deemed over weight by the senior instructor but has been informed by either their parents, guardian or independently that they are under 18 stone they will be weighed on site.

## 11. Appendices

### 11.1 For Groups Over 18yrs

#### HEAD 4 HEIGHTS Confidential Personal and Medical Information

This form is to be completed by any adult taking part in a Head 4 Heights activity session. The medical information on this form will not be kept once the event has finished. Please complete the following (fields in **BOLD** must be filled in):

Name: ..... Organisation: .....

Job Title: ..... Email: .....

Home Address:

.....  
.....

Home Telephone: ..... Mobile Telephone: .....

Date of Birth: ..... Sex (please circle): *Male/ Female*

Contact in case of an emergency:

.....

Contact's phone: ..... Contacts Mobile: .....

Relationship of contact..... Weight (Stone or Kg's): .....

Medical Form - Please circle YES or NO to all of the following. :

Have you ever had or do you currently have:-

YES

COMMENT

IF

Heart problems of any kind? Yes / No

High blood pressure? Yes / No

Recurrent back problems or surgery? Yes / No

Epilepsy, seizures, convulsions or medications to prevent them? Yes / No

Asthma, wheezing with breathing or wheezing with exercise? Yes / No

Diabetes? Yes / No

Any arm or leg problems? Yes / No

Do you regularly take prescription or non-prescription medications? Yes / No

(excluding contraception

Women: Are you pregnant?

Yes / No

Are there any other medical conditions that you think we should be aware of?

.....

**Acknowledgement of risk:** There will always be some risk involved in any type of adventurous activity, and indeed the benefits of the activity would probably be nullified if these risks were completely removed. The type of risk is generally confined to the same sort of risks that a normal adult involved in normal active recreation may experience. We consider the level of risk to be low and reasonable. However, you must decide if you also consider it reasonable. Our 'challenge by choice' approach endeavours to ensure that participation in any activity is always at your own discretion. The above declaration does not absolve Head 4 Heights Adventures of its "Duty of Care" and other legal responsibilities.

I have read and understand the above statement. The information I have provided about my medical history is accurate to the best of my knowledge.

Signature of participant: ..... Date: .....

Please print name: ..... For instructors use only.....  
(to sign off after reviewed)

## 11.2 For Groups Under 18yrs

### Head 4 Heights Guardian Disclaimer And Medical Form

To be filled out by guardian or group leader and returned prior to the event.

The HEAD 4 HEIGHTS High Ropes course conforms to the European Standard: 12572 for "Artificial Climbing Structures". The Aerial Adventure structure was built by Europe's leading ropes course construction company – JM Adventures.

All staff are well-qualified and very friendly and all activities are presented on a "Challenge by Choice" basis. This means that the HEAD 4 HEIGHTS staff are there to make sure that you are safe, have a great time and give you the encouragement you need to do as much or as little as you want to.

Personal accidental and loss/damage of belongings are not insured. Participants are covered by the company's insurance in the highly unlikely event of negligence by one of the employees.

Parent/Guardian/Senior Teacher Disclaimer:

I have read and understood the above information. The person/s named below have my consent to participate in HEAD 4 HEIGHTS activities. I am aware that there are minor risks of injury associated with participating in adventurous activities but I am also aware that this person will be under qualified supervision and attached at all times, whilst they are at height, to tested and approved safety systems. I consent to any treatment being given in an emergency.

**Medical Disclosure:** By completing this form I also confirm that I will make HEAD 4 HEIGHTS staff aware of any medical condition that any of the participants may have that may affect their involvement with the activities offered. The group and the parents of the above give permission for HEAD 4 HEIGHTS staff to administer First Aid to any injured person and authorise the company to take any person to hospital if required

Name: ..... Relationship to Participant/s: .....

Signed: ..... Date: .....

1 – Name/Age/Sex: .....

2 – Name/Age/Sex: .....

3 – Name/Age/Sex: .....

4 – Name/Age/Sex: .....

5 – Name/Age/Sex: .....

6 – Name/Age/Sex: .....

7 – Name/Age/Sex: .....

8 – Name/Age/Sex: .....

9 – Name/Age/Sex: .....

10 – Name/Age/Sex: .....

11.3 For General Public Participants

HEAD 4 HEIGHTS PUBLIC TICKET

To be completed by office:

Ticket Number: ..... Date: ..... Total Paid: £.....

Activities/Ticket Info: .....

To be completed by all over 18yr participants:

Participant Name: .....

Participant Address: .....

..... Weight.....

Participant Email: .....

Medical Disclosure:

By completing this form I also confirm that I will make Head 4 Heights Adventures staff aware of any medical condition that I may have that may affect my involvement with the activities offered.

To be completed by Parents/Guardians if participant is under 18:

I have read and understood the safety information. The person/s named above has my consent to participate in Head 4 Heights Adventures activities. I am aware that there are minor risks of injury associated with participating in adventurous activities but I am also aware that this person will be given safety instructions to ensure that they are attached at all times, whilst they are at height, to tested and approved safety systems. I consent to any treatment being given in an emergency.

Participants Name/s: .....

Parent/Guardian Name.....

Signed: ..... Date: .....

Relationship to Participant: .....

Contact telephone in case of emergency: .....

Insurance:

Participants are covered by the company's insurance in the highly unlikely event of negligence by one of the employees. Personal accident and loss/damage of belongings are not insured.

## 11.4 Near Miss Report

### Near Miss Report

Date of Incident...../..... /.....

Time.....

Client/group..... Client contact name .....

Weather conditions.....  
.....

Reported by (instructor).....  
.....

Location of incident  
(activity/element).....

Person(s) involved (participant's names)  
.....

Description of incident  
.....  
.....  
.....  
.....  
.....

Notes on appropriate equipment/clothing  
.....  
.....  
.....  
.....  
.....

Action taken at time  
.....  
.....  
.....

.....  
.....  
.....

Action taken as a result of this incident to avoid future occurrences

.....  
.....  
.....  
.....  
.....  
.....

Witnesses of incident .....

Name .....

Signature .....

Name .....

Signature .....

Senior Instructor signature .....

Client Manager signature .....

## 11.5 Accident and RIDDOR form

### Accident and RIDDOR form

Any accident taking place on a programme on or off site **MUST BE RECORDED HERE IN THE GREATEST POSSIBLE DETAIL**. Failure to do so may result in HEAD 4 HEIGHTS not having sufficient information to fight a potential claim, no matter how ridiculously trivial the accident may appear at the time.

(The incident will have to be reported under the RIDDOR Regulations if there is a work-related accident resulting in death of, or serious injury to, an employee or a self-employed person working on site; or if a member of the public is killed or taken to hospital. Further information on RIDDOR is inside this file.)

Once this form is completed please pass on to the Site Manager for checking and assessment (he has to decide whether it's sufficiently serious to be notified to our insurers) together with a copy of the injured party's completed medical form.

About the person who had the accident:

Full name:

.....

Age: .....

Sex: .....

Occupation:

.....

Full home address:

.....  
.....  
.....  
.....  
.....

Current address if different from above:

.....  
.....  
.....  
.....

Home Tel: .....

Work Tel: .....

Mobile: .....  
email address: .....

Clothing/footwear at the time of the accident:

.....  
.....  
.....  
.....

About the accident:

Date:..... Time:.....

Location:.....

What happened:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Weather conditions at the time:

.....  
.....  
.....  
.....

Conditions of apparatus/ground e.g. wet or dry, slippery?

.....  
.....  
.....  
.....

What action was taken (emergency procedures, first aid measures, advice sought, removal to hospital, subsequent diagnosis and treatment)?

.....  
.....  
.....  
.....

.....  
.....  
.....  
.....  
.....  
.....  
.....

Names and addresses of witnesses to accident (at least 4 persons if possible, mix of staff and student):

1	2
3	4
5	6

Any other details?

.....  
.....  
.....  
.....  
.....

Name & Address of writer:

.....  
.....  
.....  
.....  
.....

### Daily Operation Form – Head 4 Heights

Date		Rescues	
Course used times	Opening		Closing
Name of Senior Instructor			
Names of staff operating the course			
Primary Concerns	Outcome	Comments	
Surrounding area			
Supporting guy wires			
Poles			
Belay Points			
Freefall 1 & 2 Load Test			
Freefall Landing Zones			
Auto Belay 1 & 2 Load Test			
Individual Elements			
PPE			
Auto Belay Rescue Bag			
Daily Inspection Instructors Signature (to be performed by a Senior Instructor)		Daily Inspection Instructors Name	
<p>Key for inspection:  <b>G</b>-good condition, <b>TBM</b>-to be monitored, to be passed onto ATSM immediately,  <b>OOS</b>-out of service, to be passed onto ATSM immediately, <b>WR</b>-work required, add comments into comments column</p>			
General Public: [inc Adults, Children Early Birds etc.]		Pre-Booked Groups:	
Total Number of participants:			
SPECIAL EVENTS (ACCIDENT, INCIDENT, OTHER)			

## Monthly Inspection Check - Head 4 Heights

Date:

Course inspector's Signature:

Name:

Primary Concerns	Outcome	Comments
Supporting guy wires		
Internal guy Wires		
Bottle screws		
Bottle screw redundancy		
Poles		
Fan Descenders & Cables		
Auto Belay Devices		
Cabloc Access cable		
Shear Reduction Blocks		
Mallion Rapides & connectors		
Fixings for heavy objects		
All nuts and bolts		
PPE		
Secondary Concerns	Outcome	Comments
Surrounding Area		
Perimeter Fence		
Platforms & Woodwork		
Activity Systems		
Staples		
Freefall Landing Area		

Key for inspection outcomes:

**G**-good condition, **TBM**-to be monitored, to be passed onto ATSM immediately,  
**OOS**-out of service, to be passed onto ATSM immediately, **M**-work required, add comments into comments column

COMMENTS



**PPE – Harness Log - Head 4 Heights**

Date		Inspectors Name		Signature
OUISTITI	Serial No.	Date of Purchase	Condition G=Good, TBM=tobe monitored R= Retire	Date Inspected
Size 0	Serial No.	Date of Purchase	Condition G=Good, TBM=tobe monitored R= Retire	Date Inspected
Size 1	Serial No.	Date of Purchase	Condition G=Good, TBM=tobe monitored R= Retire	Date Inspected
Size 2	Serial No.	Date of Purchase	Condition G=Good, TBM=tobe monitored R= Retire	Date Inspected


**PPE – Crab/GriGri Log - Head 4 Heights**

Date		Inspectors Name		Signature
GRI GRI	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R= Retire	Date Inspected
HMS Crab	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R= Retire	Date Inspected
D-Shape Crab	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R= Retire	Date Inspected
Lift	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R=	Date Inspected

			Retire	
Absorbica	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R= Retire	Date Inspected
CabLoc	Serial No.	Date of Purchase	Condition G=Good, TBM=to be monitored R= Retire	Date Inspected



Weekly Service/Inspection Log

Model No: \_\_\_\_\_ Inspector: \_\_\_\_\_

Serial No: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Date Made: \_\_\_\_\_ Disposition: \_\_\_\_\_

Inspection Procedure Point	Description	Pass	Fail	Comments
1	Visually inspect the casing, mounting holes and plastic covers for wear, impact damage, cracking, deformation and corrosion. Replace any damaged items or remove Auto Belay from service.			
2	Check all safety labels are in place and in good condition.			
3	Check date on Certification Label is current.			
4	Inspect the condition of the carabiner, checking for: <ul style="list-style-type: none"> <li>• Wear and damage.</li> <li>• Correct operation of the locking mechanism.</li> <li>• Smooth operation of the carabiner swivel.</li> </ul>			
5	Slowly pull out the webbing from the unit. As webbing is withdrawn inspect for: <ul style="list-style-type: none"> <li>• Damage to stitching.</li> <li>• Cuts, wear and fraying.</li> <li>• Discoloration.</li> <li>• Any other signs of damage or contamination.</li> </ul> Replace webbing if any signs of wear or damage are present. Replacement webbing can be			

	ordered at www.climbtru.com			
6	Allow the webbing to slowly retract into the casing – checking the retraction action is strong and smooth.			

**INSPECTION REMINDER**

Before each use, visually inspect the device, line and attachment hardware for damage, wear, missing parts, incorrect operation or any unserviceable conditions in accordance with the Manufacturer’s instructions.

Fully extend and return the line by hand, ensuring it extends and returns in a smooth and continuous action with adequate resistance. During this operation, inspect the line for signs of excessive wear.

**DO NOT USE THE DEVICE IF IT SHOWS ANY SIGNS OF DAMAGE, WEAR OR INCORRECT OPERATION.**

If any sign of damage, wear or incorrect function exists, remove the device from duty and contact an authorized service centre for servicing options.



### Six Month Inspection Log

Model No: \_\_\_\_\_ Inspector: \_\_\_\_\_

Serial No: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Date Made: \_\_\_\_\_ Disposition: \_\_\_\_\_

Inspection Procedure Point	Description	Pass	Fail	Comments
1	Dismount the Auto Belay (refer to 'Installation')			
2	Carry out Steps 1 through 6 of the 'Weekly Service'.			
3	Remove the Nozzle – Refer to 'Nozzle Removal'			
4	Inspect Nozzle Assembly for: <ul style="list-style-type: none"> <li>• Excessive wear to slot.</li> <li>• Splitting, cracking and deformation around slot and mounting flanges.</li> <li>• Correct fitment in housing.</li> </ul>			
5	With Nozzle assembly removed, pull out the webbing the complete webbing line, including approx. 100 mm (4 in) of the drum lead.			
6	Place a suitable pin through the loop in the drum lead, above the joining link to prevent it retracting back into the unit.			
7	Inspect the complete webbing line for: <ul style="list-style-type: none"> <li>• Damage to stitching.</li> <li>• Cut, wear and fraying.</li> <li>• Discoloration and contamination.</li> <li>• Any other signs of damage.</li> </ul>			
8	Inspect the webbing joining shackle. Ensuring that:			

	<ul style="list-style-type: none"> <li>• The shackle pin is secure and straight – do not attempt to tighten. (NOTE - The shackle pin is secured with thread locking compound and any attempt to turn will compromise its security.)</li> <li>• The shackle is undamaged and in the correct orientation.</li> <li>• The webbing around the link is not worn or damaged.</li> </ul>			
9	Remove the pin and allow the upper line to slowly retract into the casing. Inspecting the webbing as it retracts			
10	Refit the nozzle assembly.			