Risk Assessment Template

This template is to be used with reference to the *Child Safety Standards and the CaliVic Leading Clubs Program*. For support in conducting a Risk Assessment contact the Secretary at tooradincalisthenicssec@gmail.com.

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| **1. Background Information** |
| **Organisation:** | Tooradin Calisthenics Club | **Date:** |  |
| **Title of Assessment:** | Risk Assessment (month) (year) – (venue or event) | **Name of person conducting assessment:** |  |

| **2. Risk Assessment** |
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| **Identify and list Hazards** | **Risk Rating** | **List Current Risk Controls** | **List Additional Controls** *(if any - where current controls are not adequately managing the level of ris*k**)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |

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| Consequence - Evaluate the consequences of a risk occurring according to the ratings in the top row

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| --- | --- | --- |
| **Descriptor** | **Level** | **Definition** |
| **Insignificant** | **1** | No injury |
| **Minor** | **2** | Injury/ ill health requiring first aid |
| **Moderate** | **3** | Injury/ill health requiring medical attention |
| **Major** | **4** | Injury/ill health requiring hospital admission |
| **Severe** | **5** | Fatality |

3. Risk Matrix – Using the matrix calculate the level of risk by finding the intersection between the likelihood and the consequences

|  |  |
| --- | --- |
| **Likelihood** | **Consequence** |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Almost Certain** | Medium | High | Extreme | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | Medium | High | Extreme |
| **Unlikely** | Low | Low | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |

 | Likelihood - Evaluate the likelihood of an incident occurring according to the ratings in the left-hand column

|  |  |  |
| --- | --- | --- |
| **Descriptor** | **Level** | **Definition** |
| **Rare** | **1** | May occur somewhere, sometime (“once in a life time / once in a hundred years”) |
| **Unlikely** | **2** | May occur somewhere within the Department over an extended period of time |
| **Possible** | **3** | May occur several times across the Department or a region over a period of time |
| **Likely** | **4** | May be anticipated multiple times over a period of timeMay occur once every few repetitions of the activity or event |
| **Almost Certain** | **5** | Prone to occur regularlyIt is anticipated for each repetition of the activity of event |

4. Risk Level/Rating and Actions

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| --- | --- |
| **Descriptor** | **Definition** |
| **Extreme:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken immediately. Cease associated activity. |
| **High:** | Notify **Workplace Manager and/or Management OHS Nominee** immediately. Corrective actions should be taken within 48 hours of notification. |
| **Medium:** | Notify **Nominated employee, HSR / HSC**. Nominated employee, OHS Representative / HSC is to follow up that corrective action is taken within 7 days. |
| **Low** | Notify **Nominated employee, HSR / HSC**. Nominated employee, HSR / HSC is to follow up that corrective action is taken within a reasonable time. |

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