

Activity in the Community - Risk Assessment

OUTING DETAILS		
Destination: <i>Include Address</i>		
Activity:		
Score of Identified Risk <i>1-4 Use Risk Assessment Matrix see Page:</i>	Risks Identified:	Control Measures to Reduce Risk:
Best Time to Undertake Activity: <i>include best time of day/month/year</i>		
Expected Cost of Activity:		
Expected Outcome of Activity:		
Who would activity be suitable for? <i>why?</i>		
Who would not be suitable for the activity? <i>why?</i>		
ENVIRONMENTAL		
Available parking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Parking	
Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Access <input type="checkbox"/> Sanitary Bins	
Seating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stairs <i>include number of stairs and gradient, how steep etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Handrail	
Ground cover		

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<i>gravel, pathed, uneven, incline/slope</i>	
Food available for purchase at location? <i>include type e.g. cafe, restaurant, and pricing details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food/Drink arrangements? <i>e.g. need to bring lunch – picnic tables, BBQ etc</i>	Water bottles for each client? <input type="checkbox"/> Yes <input type="checkbox"/> No
What to bring? <i>e.g. sunscreen, insect repellent, warm clothing, first aid kit etc</i>	
Other Environmental Considerations <i>light, noise etc</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL COMMENTS/INFORMATION	
EMERGENCY PLAN	
1. Call Manager	2. If instructed to do so by Manager, Call 000
Manager's Contact Numbers:	
Assessment Completion	
Name of person completing the assessment:	
Designation:	Signature:
Date assessment completed:	Time assessment completed:
Date uploaded to iCare:	

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RISK ASSESSMENT MATRIX AND RISK RATING

SCORE/RISK RATING	ACTION
4	Notification to Senior Management. Action risks immediately.
3	Notification of Senior Management. Do something about these risks as soon as possible.
2 or 1	Managed in a routine way.

		CONSEQUENCES				
		How severely could it affect health and safety				
LIKELIHOOD	How likely could it happen?	<i>Serious</i>	<i>Major</i>	<i>Moderate</i>	<i>Minor</i>	<i>Minimum</i>
Frequent	<i>Could happen daily</i>	4	4	3	2	2
Likely	<i>Could happen weekly</i>	4	4	3	2	2
Possible	<i>Could happen monthly</i>	4	3	3	2	2
Unlikely	<i>Could happen, three to four monthly</i>	4	3	2	1	1
Rare	<i>Could happen yearly</i>	2	2	2	1	1