

## COMMUNITY ACTIVITY RISK ASSESSMENT

### OUTING DETAILS

Destination (*Include Address*):

Opening Hours:

Contact Details:

Activity:

Risk Assessment Conducted by (Name):

Risk Assessment Date Conducted:

Re-assessment Due:

Score of Identified Risk (*1-4 Use Risk Assessment Matrix see Page 2*):

Annual Review:

### RISKS IDENTIFIED

Control Measures  
to Reduce Risk:

Best Time to  
Undertake Activity:  
(*Include best time of  
day/month/year*)

Expected Cost of  
Activity:

Expected Outcome  
of Activity:

Who would activity  
be suitable for?  
(*Why?*)

Who would not be suitable for the activity? (Why?)	
<b>ENVIRONMENTAL</b>	
Available parking (Disability?) <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:	
Toilets (Disability?) <input type="checkbox"/> Yes <input type="checkbox"/> No                      Sanitary bins: <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:	
Seating? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:	
Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:	
Stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Handrail: <input type="checkbox"/> Yes <input type="checkbox"/> No (include number of stairs and gradient, how steep etc.)	
Ramp? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Lift: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ground cover (Gravel, pathed, uneven, incline/slope):	

Food available for purchase at location?  Yes  No  
(include type e.g., cafe, restaurant, and pricing details)

Food arrangements? (e.g., need to bring lunch – picnic tables, BBQ etc)

What to bring? (e.g., sunscreen, insect repellent, warm clothing, first aid kit etc)

Other Environmental Considerations (e.g., light, noise etc).  Yes  No

### ADDITIONAL COMMENTS

**EMERGENCY PLAN**

1. Call Centre Manager
2. If instructed to do so by Centre Manager, Call 000

Centre Phone Number:

Mobiles:

**RISK ASSESSMENT MATRIX AND RISK RATING**

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

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