SAFETY Risk Assessment and Management Plan

Name of workplace:

Workplace manager:

Activity, event or task:

Date of activity:

Situation	Anticipate	Find out		Eliminate or control		Talk others	You
List the details of the activity, event or task	What could go wrong?	What current controls are in place?	Risk rating	What else can be done to control this risk?	Residual risk rating	Controls to be actioned by who?	When do you need to review the control?

Relevant information attached: Yes ☐ **No** ☐

You should report, monitor and review:

Prepared by: **Position:** **Plan review date:**

Sign off Authority: **Position:** **Contact no.:** **Signature:**

Prepared in consultation with:

Communicate to - *List all staff, communicate in all staff meeting, sign off OR attach agenda and attendance sign on sheet*

Name	Signature	Date

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Likelihood criteria

Qualitative criteria *Hazard is:*	**Description**
Very likely	Will probably occur in most circumstances
Likely	Might occur occasionally
Unlikely	Could happen at some time
Very Unlikely	May happen only in exceptional circumstances

Consequence criteria

Category	**Impact**
Extreme	Death or permanent injury
High	Long Term illness
Medium	Medical attention and several days off
Low	First aid needed

Risk rating matrix

Consequence criteria	**Likelihood criteria** *Hazard is expected to occur*			
	Very Likely	**Likely**	**Unlikely**	**Very unlikely**
Extreme	1	1	2	3
High	1	2	3	4
Medium	2	3	4	5
Low	3	5	5	6

Sign-off authority - *Based on highest residual risk*

	Acceptability	**Sign-Off Authority**	
		Schools	**Corporate**
1	Unacceptable	Principal to talk to staff about reducing the risk and contact: • Director Educational Leadership for review • Health and Safety Directorate for review, and • Legal as required.	Executive Director or delegate to talk to staff about reducing the risk and contact: • Health and Safety Directorate for review, and • Legal as required.
2	Undesirable	Principal to sign off. Contact • Health and Safety Directorate for review • Legal as required.	Executive Director or delegate to sign off. Contact: • Health and Safety Directorate for review, and • Legal as required.
3 & 4	Tolerable	School Principal or delegate	Senior Manager or Director
5 & 6	Acceptable	School Principal or delegate	Immediate Supervisor or Workplace Manager