Risk Assessment

Congregation:	Activity Name:
Compiled by:	Date/s of Activity:
Contact Person:	Location:
Contact Person Phone:	Purpose of Activity:

Please return only completed pages (include numbering on bottom of pages) to the National Office: Mail to PO Box 402 Varsity Lakes, Qld 4227; Fax to (07) 5562 2872; email to rms@gci.org.au

Element of A	Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	ity
	Strategy/ies						Acceptable?
	StrateB// Hos						

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	rity
	Strategy/ies					

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	rity
						-
	Strategy/ies					

Γ	Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prio	rity
_						Re-calc risk	
	Strategy/ies						Acceptable?

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	rity
						Acceptable?
	Strategy/ies					

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	rity
		Strategy/ies			Re-calc risk	Acceptable?

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prior	rity
 Strategy/ies						Acceptable?

Element of Activity	Cause (Hazard)	Impact (Risk)	1. Consequences	2. Likelihood	3. Risk Prio	rity
Strategy/ies						Acceptable?

Extra Notes:

		· · · · · · · · · · · · · · · · · · ·

This Risk Assessment has been discussed and decided on according to the guidelines of the Church's *Risk Management for Local Churches – Pastoral Teams*. This includes a currency and maintenance check on first-aid equipment and the qualifications of those likely to use it. It is accompanied by a standard *Activity Planner and Information* form.

Signed by Risk Assessor: ______ Approved by Pastor/Pastoral Team Member: ______

Risk Assessor's E-mail: _____

Date (dd/mm/yy): _____

1. CONSEQUENCE

DESCRIPTOR	DESCRIPTION
Insignificant	No injuries
Minor	First aid treatment
Moderate	Medical treatment
Major	Extensive, debilitating injuries
Catastrophic	Permanent disablement/death

2. LIKELIHOOD

DESCRIPTOR	DESCRIPTION
Almost Certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Probably will occur at some stage
Unlikely	Could occur at some stage, but not likely to
Rare	Could occur, but only in exceptional circumstances

3. RISK PRIORITY CALCULATOR

Consequence					
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Low-Moderate	High	Extreme	Extreme	Extreme
Likely	Low-Moderate	High	High	Extreme	Extreme
Possible	Low	Moderate	High	Extreme	Extreme
Unlikely	Low	Low	Moderate	High	Extreme
Rare	Low	Low	Moderate	Moderate	High