

RISK ASSESSMENT

Form: F31

Issue:

Date: 07/13 **To be attached to the C5**

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Activity Description:							
Location:							
Activity Leaders name:					Safety Officer's name:		
Formation:							
Start date and time:	rt date and time:		Finish date and time:				
Number of youth (approximately):			Number of Leaders and Adults (approximately):				
Minimum Supervision and Qualifications			4				
Are there sufficient leaders with minimum qu	alifications supervising the activity	/? \	Yes 🗖	No 🗆	Sufficient leaders w	ith current First Aid including CPR 🛛 Yes 🔲 No 🔲	
Minimum Equipment/ Facilities for activ	ity	YES	NO	N/A	Comments / Further in	nformation	
First Aid Kit Suitable for activity Available					First aid kit(s) from:		
Sun Safe equipment: hats, sunscreen, etc.							
Drinking Water							
Suitable personal clothing and protective equipment							
Communication equipment					Type of communication	n equipment:	
Accomodation and shelter							
Navigation equipment							
Equipment complies with relevant standards and in good condition.							
Site access, permissions, fees organised							
Governing Bodies /Associations /Legislation		YES	NO	N/A	Comments / Further in	nformation	
Do guidelines from a governing body exist	t for this activity						
Have they been referred to and followed							
Scout-specific polices and rules		YES	NO	N/A	Comments / Further in	nformation	
What sections of P&R, QBSI, QB SOA P&P	apply?				QBSI, P&R, QB SOA P&	P Section specific:	





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Calculating the inherent risk level for your activity

The Risk Analysis Matrix below can be used as a guide to assist with quantifying the risk level. **To use the matrix**, map the likelihood and consequence of an incident occurring with your activity to arrive at the risk level. Keep in mind that when assessing risk value judgements need to be made; and when making value judgements sometimes the risk level is not clear cut. If undecided on a risk level for an activity, a conservative approach would be to settle on the higher risk level being considered. Assessing the risk level is important. However, regardless of the assessed level of risk, we always have an obligation to do what is reasonably practicable to eliminate the risk, or if that is not possible, to minimise the risk to an acceptable level.

RISK ANALYSIS MATRIX								
		Consequences						
		Insignificant Loss of life: Nil. Injury/Illness: No medical attention required.	Low Loss of life: Nil. Injury/Illness: Medical attention required.	Medium Loss of life: Nil. Injury/Illness: Minor medical or hospitalisation required with no long term effects.	Major Loss of life: A fatality. Injury/Illness: Serious Injury/illness hospitalisation has occurred. Some ongoing treatment required.	Severe Loss of life: Fatalities have occurred. Injury/Illness: Significant injury/illness has occurred requiring hospitalisation and ongoing treatment.		
Likelihood	Almost Certain Expected to occur in most circumstances.	M-10	H-20	H-30	E-40	E-50		
	Likely Will probably occur in most circumstances.	M-8	M-16	H-24	E-32	E-40		
	Possible Might occur at some time.	L-6	M-12	M-18	H-24	E-30		
	Unlikely Could occur at some time but it is improbable.	L-4	L-8	M-12	M-16	H-20		
	Rare May occur only in exceptional circumstances.	L-2	L-4	L-6	M-8	M-10		

Each risk level has been grouped into categories, E = Extreme, H = High, M = Moderate, L = Low, and given a score between 2 and 50.

For further explanations of the risk analysis matrix refer to the ScoutSafe Risk Assessment Handbook available from the Queensland Branch website



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What are the activities, tasks or work hazards?	What are the risks	Risk Level before mitigation (Refer Risk Analysis matrix)	Mitigation strategies: What controls are proposed to remove or reduce the risk?	Risk Level after mitigation (Refer Risk Analysis	*Refer to Branch? High or Extreme risk after mitigation?		
		matrix)		matrix)	mitigation?		





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Team Leaders approval (Refer to qualifications chart):						
	Approved as submitted					
	Approved with the following conditions :					
	Not approved for the following reasons :					
	Requires submission to Queensland Chief Commissioner and branch team because it contains high and extreme risks that require approval					
Name :		Appointment :				
Signed :			Date :			
Monitor a	and review (To be completed during or after activity)		YES	NO		
Are the co	ontrol methods still effective ?					
Have ther	e been any changes ?					
Are any fu	irther action required ?					
Details :						
Name :		Appointment :				
Signed :			Date :			