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| **Event name:** **Event date:**  | Form completed by:  Position:  |  **Completion date:**  |

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| DETERMINING RISK LEVEL: | Consequences of incident occurring  | **DEVELOPING RISK CONTROLS – HIERARCHY OF****CONTROLS (in order of effectiveness):****Elimination** – elimination of the risk is the first option to be considered and the most effective.**Substitution** – where an item that presents the hazard is replaced by an alternative item that does the same job, but is a lower risk.**Isolation** – is used to isolate the hazard from employees.**Engineering** – changing the process and/or equipment to reduce the risk.**Administrative** – includes implementing procedures, rosters, and providing training. Personal Protective Equipment – personal protective clothing and equipment worn to reduce the risk of exposure to the hazard. |
| Likelihood of incident occurring  | Insignificant(*no injuries)* | **Minor***(first aid treatment)* | **Moderate***(medical treatment)*  | Major*(extensive injuries)* | **Catastrophic***(death or permanent disability)* |
| **Almost certain** *(expected to occur in most circumstances)* | H | H | E | E | E |
| **Likely** *(probably occur in most circumstances)* | M | H | H | E | E |
| **Moderate** *(could occur at some time)* | L | M | H | E | E |
| **Unlikely** *(not likely to occur, but possible)* | L | L | M | H | E |
| **Rare** (*may occur only in exceptional circumstances)* | L | L | M | H | H |
| **Risk Level Key:** **E = extreme risk**  **H = high risk**  **M = moderate risk**  **L = low risk** |

**\* Duration of event means to ensure that before the event starts the controls are already in place.**

| **List hazard(s)****(e.g. Tasks / Activities being performed)** | **Determine risk level according to the above matrix** | **List the controls to be implemented****(developed according to the hierarchy of controls)** | **Who is responsible for implementing the control(s)?** | **What is the deadline for implementation?** | **What is the first review date?** | **How often will controls be reviewed?** **(e.g. Weekly / Monthly)**  |
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| ***Example:*** *Medical emergency*  | *High Risk* | 1. *Two-way radios for communicating*
2. *First aid on-site*
3. *Emergency vehicle entries kept clear*
4. *Ambulance notified*
5. *Eliminate risk / hazard if applicable*
6. *Complete incident form*
7. *Emergency Management Procedures*
 | 1. *Event manager*
2. *Event manager*
3. *Event Manager*
4. *Event Manager*
5. *Event Manager*
6. *Event Manager*
7. *All event staff*
 | 1. *Prior to event*
2. *Prior to event*
3. *Event duration*
4. *Prior to event*
5. *After medical emergency*
6. *After medical emergency*
7. *Prior to event*
 | *Either after incident occurs or in the post-event briefing*  | *Before next event –* *25 February 2012*  |
| Injury to staff due to lifting heavy objects pre event, during and post event |  | 1. Brief staff/volunteers on how to lift heavy objects
2. Brief staff to call for assistance when assessing a lift, if required
3. Use of trollies
4. Depot staff on-site to assist with heavy lifting
5. First-aid on-site
6. Staff incident report form to be complete
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| Pedestrian Struck by Vehicle |  | 1. Marshals to manage parking and vehicle flow around site
2. Vehicles on site prior to event commencement restricted to 5kmph (walking pace)
3. Hazard lights activated by all vehicles on site
4. Vehicle movement on site post event once approval given by event manager
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| Unsafe Structures |  | 1. Professional contractors hired for assembly of temporary structures
2. Public liability Insurance received from all contractors
3. Weather monitored during event
4. Umbrellas removed or secured in winds over 40kmph
5. Structures to be monitored in high winds and ensure they are taken down if winds are above the rating for the structure
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| Slips, trips and falls |  | 1. High-vis tape and other equipment on-site to eliminate hazards
2. Rubbish picked up throughout event so people don’t slip
3. First-aid on-site
4. Ensure electrical leads are flown or covered
5. Barriers on stairs and on high staging
6. Ensure hoses are not in the way of foot traffic
7. Ambulance notified
8. Emergency entries kept clear
9. Eliminate hazard if incident occurs
10. Complete incident form
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| **I verify that the above Risk Controls will be implemented and reviewed** **by the dates indicated above.** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Position:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |