

## RISK MANAGEMENT PLAN FORM

<b>DEPARTMENT:</b>	
<b>ACTIVITY TITLE/DETAILS:</b>	
<b>ACTIVITY DATE(S):</b>	

### RISK RATING CALCULATOR

CONSEQUENCES (C)	PROBABILITY (P)			
	(V)ery Likely	(P)ossible	(U)nlikely	(R)are
(D)eath	(H)igh	(H)igh	(S)ubstantial	(M)oderate
(H)ospital	(H)igh	(S)ubstantial	(M)oderate	(L)ow
(T)reatment	(S)ubstantial	(M)oderate	(L)ow	(L)ow
(F)irst Aid	(M)oderate	(L)ow	(L)ow	(L)ow

### RISK MANAGEMENT WORKSHEET

SER	ANALYSE, ASSESS & PRIORITISE RISKS					CONTROL THE RISKS			
	Hazard Type	Description	C	P	Risk Rating	Controls	New C	New P	Residual Risk Rating
Ex.	Falling	During the guided tour a child might trip and fall.	F	P	L	Close control and supervision by staff identifying trip hazards and pointing them out.	F	U	L
1.	Bus Breakdown	During journey							
2.	Bus Accident	During journey							
3.	Lost bus	During journey							
4.	Lost student	Whilst at venue							
5.	Injury to student								
6.	Wildlife (Livestock & Insects)	Danger – after disturbing wildlife							
		Minor - Insect, vegetation bites/stings							

SER	ANALYSE, ASSESS & PRIORITISE RISKS					CONTROL THE RISKS			
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7.	Environmental	Weather i.e. Heat, cold, rain associated effects							
		Vegetation i.e. Falling timber							
8.	Hygiene related	Inadequate ablutions / cooking implement hygiene							
9.	Gastro-intestinal	From ingestion of tainted foodstuffs or water							
10.	Prescription medication	Failure to take or excess consumption							
11.	Natural Disasters	Fire, flood, severe/electrical storms							
12.	Physical Training	Injuries/conditions from non equipment based PT							
13.	Psychological	Stress via separation from family, unusual environment, arduous conditions, responsibilities							
		Stress via victimization							
14.	Activities	By day – navigation; movement & lessons;							
		By night – navigation; lantern stalk; movement & lessons;							
Medical information:									
15.	Health	Allergies/Asthma/Other Please indicate the number:							
16.	Environment	Is the environment a trigger for asthma or any allergies?							
For CSO use only:									
17.	Police Station	Indicate distance from venue:							
18.	Hospital/Medical Facility	Indicate distance from venue:							
19.	Other	Please state other risks.							

**Declarations:**

I certify that this Risk Management Plan has been developed specifically for the activity as detailed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Excursion Coordinator*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*CSO*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Senior Teacher*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Headmaster*

Please submit a copy of this plan with the **Excursion Application Form** to the Headmaster.