







What potential risks have you identified?	Date Inspected		Likelihood A,B,C,D,E	Impact A,B,C,D	RiskRating H,M,L (see Risk hart)	Who Will fix the problem?	When will it be fixed?	Completed (signed off)
Do you have disabled access?								
Do you have toilets for disabled?								
Have you read any checklists that may be appropriate to your groups at <a href="http://www.ourcommunity.com.au">www.ourcommunity.com.au</a> ?								
INSERT YOUR OWN								
INSERT YOUR OWN								
INSERT YOUR OWN								

## Risk Chart

### LIKELIHOOD

<b>IMPACT</b>	<b>RATING</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
			<b>Frequent</b>	<b>Probable</b>	<b>Occasional</b>	<b>Remote</b>	<b>Improbable</b>
	<b>A</b>	<b>Catastrophic</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>High</b>	<b>High</b>
	<b>B</b>	<b>Critical</b>	<b>High</b>	<b>High</b>	<b>High</b>	Medium	Low
	<b>C</b>	<b>Marginal</b>	<b>High</b>	Medium	Medium	Low	Low
	<b>D</b>	<b>Negligible</b>	Medium	Low	Low	Low	Low

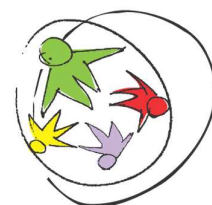
<b>MEASURE</b>	<b>IMPACT</b>	<b>Effect/description</b>
<b>A</b>	<b>Catastrophic</b>	Death – severe injury (e.g. loss or crushed limb, brain damage)
<b>B</b>	<b>Critical</b>	Major Injuries – require medical assistance (inc concussions)
<b>C</b>	<b>Marginal</b>	Minor Injuries, cuts, treated internally (inc minor sprains)
<b>D</b>	<b>Negligible</b>	No injury

<b>MEASURE</b>	<b>LIKELIHOOD</b>	<b>DESCRIPTION</b>
<b>A</b>	<b>Frequent</b>	Will occur regularly – day to day
<b>B</b>	<b>Probable</b>	Will occur on most occasions, circumstances
<b>C</b>	<b>Occasional</b>	Will occur from time to time
<b>D</b>	<b>Remote</b>	May occur but not regularly or often
<b>E</b>	<b>Improbable</b>	Unlikely to ever occur

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