





What potential risks have you identified?	Date Inspected		Likelihood A,B,C,D,E	Impact A,B,C,D	Risk Rating H,M,L (see Risk Chart)	Who Will fix the problem?	When will it be fixed?	Completed (signed off)
Do you have clear instructions and training in the use of appliances and equipment								
Have you read the other general checklists at <a href="http://www.ourcommunity.com.au">www.ourcommunity.com.au</a> ?								
Have you read any appropriate sector checklists at <a href="http://www.ourcommunity.com.au">www.ourcommunity.com.au</a> ?								
INSERT YOUR OWN								
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## 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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