

What potential risks have you identified?	Date Inspected	What Problem was Detected (if any)	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)
Have you read any checklists that may be appropriate to your groups at www.ourcommunity.com.au ?								
INSERT YOUR OWN								
INSERT YOUR OWN								
INSERT YOUR OWN								
INSERT YOUR OWN								

Risk Chart

		LIKELIHOOD					
IMPACT	RATING		A	B	C	D	E
			Frequent	Probable	Occasional	Remote	Improbable
	A	Catastrophic	High	High	High	High	High
	B	Critical	High	High	High	Medium	Low
	C	Marginal	High	Medium	Medium	Low	Low
	D	Negligible	Medium	Low	Low	Low	Low

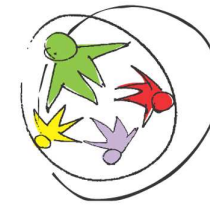
MEASURE	IMPACT	Effect/description
A	Catastrophic	Death – severe injury (e.g. loss or crushed limb, brain damage)
B	Critical	Major Injuries – require medical assistance (inc concussions)
C	Marginal	Minor Injuries, cuts, treated internally (inc minor sprains)
D	Negligible	No injury

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

DISCLAIMER

While all care has been taken in the preparation of this material, no responsibility is accepted by the author(s) or GIO its staff or volunteers, for any errors, omissions or inaccuracies. The material provided in this help sheet has been prepared to provide general information only. It is not intended to be relied upon or be a substitute for legal or other professional advice

No responsibility can be accepted by the author(s) or GIO for any known or unknown consequences that may result from reliance on any information provided in this publication.



ourcommunity.com.au