|  |  |
| --- | --- |
|  | **Risk Assessment Form** |
| **General Activity:**  | Click or tap here to enter text. | **Proposer:**  | Click or tap here to enter text. |
| **Location:**  | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

|  |
| --- |
| **Activity 1 –** *include as much information as possible* |
| **Specific Activity:** | Click or tap here to enter text. |
| **Persons involved including approx. numbers in group:** | Click or tap here to enter text. |
| **Specific Risks:** | Click or tap here to enter text. |
| **Specific risk management strategies:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  | *Please complete the summaries below for each specific activity where the level of risk from the table is expected to be more than LOW.* *Where the level of risk is SERIOUS or HIGH, the activity must be approved by the Senior Pastor or Pastor. Circle answers where appropriate* |
| **Overall likelihood of problems:** | Choose an item. | **Overall Seriousness of risk:**  | Choose an item. |
| **Resultant Level of Risk (from coloured table):** | Choose an item. |

|  |  |
| --- | --- |
| **Comments by Proposer:** | Click or tap here to enter text. |
| **WHS TEAM SECTION:** |
| **Comments / Conditions WHS Team:** |  |
| **Approved / Not Approved:** | **Name:** |  |
| **Date: 24-Sep-20** | **Signature:** |  |

|  |
| --- |
| **Activity 2–** *include as much information as possible* |
| **Specific Activity:** | Click or tap here to enter text. |
| **Persons involved including approx. numbers in group:** | Click or tap here to enter text. |
| **Specific Risks:** | Click or tap here to enter text. |
| **Specific risk management strategies:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  |  |
| **Overall likelihood of problems:** | Choose an item. | **Overall Seriousness of risk:**  | Choose an item. |
| **Resultant Level of Risk (from coloured table):** | Choose an item. |
| **Comments by Proposer:** | **Click or tap here to enter text.** |

|  |
| --- |
| **WHS TEAM SECTION:** |
| **Comments / Conditions WHS Team:** |  |
| **Approved / Not Approved:** | **Name:** |  |
| **Date: 24-Sep-20** | **Signature:** |  |

***Once form is completed, excluding grey boxes – save and email*** to info@baysidecc.com.au