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|  | | **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. |

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| **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. |

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|  | | *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. | | |

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| **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:** |  |

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| **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. |

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| **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.** | | |

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| **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](mailto:info@baysidecc.com.au)