|  |  |
| --- | --- |
| **Activity Description:** |  |
| Location:  |  |
| **Activity Leaders name:** |  | **Safety Officer’s name:** |  |
| Formation: |  |
| Start date and time: |  | Finish date and time:  |  |
| Number of youth (approximately): |  | Number of Leaders and Adults (approximately): |  |

|  |
| --- |
| **Minimum Supervision and Qualifications** |
| Are there sufficient leaders with minimum qualifications supervising the activity? | Yes ❑ No ❑ | Sufficient leaders with current First Aid including CPR  | Yes ❑ No ❑ |
| **Minimum Equipment/ Facilities for activity** | **YES** | **NO** | **N/A** | **Comments / Further information** |
| First Aid Kit Suitable for activity Available | ❑ | ❑ | ❑ | First aid kit(s) from: |
| Sun Safe equipment: hats, sunscreen,etc. | ❑ | ❑ | ❑ |  |
| Drinking Water | ❑ | ❑ | ❑ |  |
| Suitable personal clothing and protective equipment | ❑ | ❑ | ❑ |  |
| Communication equipment | ❑ | ❑ | ❑ | Type of communication equipment: |
| Accomodation and shelter | ❑ | ❑ | ❑ |  |
| Navigation equipment | ❑ | ❑ | ❑ |  |
| Equipment complies with relevant standards and in good condition.  | ❑ | ❑ | ❑ |  |
| Site access, permissions, fees organised | ❑ | ❑ | ❑ |  |
| **Governing Bodies /Associations /Legislation** | **YES** | **NO** | **N/A** | **Comments / Further information** |
| Do guidelines from a governing body exist for this activity | ❑ | ❑ | ❑ |  |
| Have they been referred to and followed  | ❑ | ❑ | ❑ |  |
| **Scout-specific polices and rules** | **YES** | **NO** | **N/A** | **Comments / Further information** |
| What sections of P&R, QBSI, QB Adventurous Activities P&P apply? | ❑ | ❑ | ❑ | P&R, QBSI, Queensland Branch Adventurous Activities P&P Section specific: |

**Calculating the inherent risk level for your activity**

The Risk Analysis Matrix below can be used as a guide to assist with quantifying the risk level. **To use the matrix**, map the likelihood and consequence of an incident occurring with your activity to arrive at the risk level. Keep in mind that when assessing risk value judgements need to be made; and when making value judgements sometimes the risk level is not clear cut. If undecided on a risk level for an activity, a conservative approach would be to settle on the higher risk level being considered. Assessing the risk level is important. However, regardless of the assessed level of risk, we always have an obligation to do what is reasonably practicable to eliminate the risk, or if that is not possible, to minimise the risk to an acceptable level.

|  |
| --- |
| **RISK ANALYSIS MATRIX** |
|  | **Consequences** |
| **Insignificant**Loss of life: Nil.Injury/Illness: No medical attention required. | **Low**Loss of life: Nil.Injury/Illness: Medical attention required. | **Medium**Loss of life: Nil.Injury/Illness: Minor medical or hospitalisation required with no long term effects. | **Major**Loss of life: A fatality.Injury/Illness: Serious Injury/illness hospitalisation has occurred. Some ongoing treatment required. | **Severe**Loss of life: Fatalities have occurred.Injury/Illness: Significant injury/illness has occurred requiring hospitalisation and ongoing treatment. |
| **Likelihood** | **Almost Certain**Expected to occur in most circumstances. | **M-10** | **H-20** | **H-30** | **E-40** | **E-50** |
| **Likely**Will probably occur in most circumstances. | **M-8** | **M-16** | **H-24** | **E-32** | **E-40** |
| **Possible**Might occur at some time. | **L-6** | **M-12** | **M-18** | **H-24** | **E-30** |
| **Unlikely**Could occur at some time but it is improbable. | **L-4** | **L-8** | **M-12** | **M-16** | **H-20** |
| **Rare**May occur only in exceptional circumstances. | **L-2** | **L-4** | **L-6** | **M-8** | **M-10** |

Each risk level has been grouped into categories, E = Extreme, H = High, M = Moderate, L = Low, and given a score between 2 and 50.

For further explanations of the risk analysis matrix refer to the ScoutSafe Risk Assessment Handbook available from the Queensland Branch website

| **What are the activities, tasks or work hazards?** | **What are the risks** | **Risk Level before mitigation**(Refer Risk Analysis matrix) | **Mitigation strategies:**What controls are proposed to remove orreduce the risk? | **Risk Level after mitigation**(Refer Risk Analysis matrix) | **\*Refer to Branch?****High or Extreme risk after mitigation?** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Team Leaders approval** *(Refer to qualifications chart)***:**  |
| ❑ | Approved as submitted |
| ❑ | Approved with the following conditions : |
| ❑ | Not approved for the following reasons : |
| ❑ | Requires submission to Queensland Chief Commissioner and branch team because it contains high and extreme risks that require approval |
| Name : | Appointment : |
| Signed : | Date : |

|  |  |  |
| --- | --- | --- |
| **Monitor and review** *(To be completed during or after activity)* | YES | NO |
| Are the control methods still effective ? | ❑ | ❑ |
| Have there been any changes ? | ❑ | ❑ |
| Are any further action required ? | ❑ | ❑ |
| Details : |
| Name : | Appointment : |
| Signed : | Date : |