



# RISK ASSESSMENT FORM

**Magnetic Island Community Care Association Inc.**

**Location: 7 Apjohn Street, Horseshoe Bay QLD 4819**

## Activity Details

Activity / Program Name: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Activity Facilitator / Program Lead: \_\_\_\_\_

Other Volunteers Involved: \_\_\_\_\_

## 1. Description of Activity

(Briefly describe what will occur)

---

---

---

## 2. Identify Hazards

(List all hazards associated with the activity)

---

---

---

### 3. Risk Assessment

For each hazard, assess Likelihood and Consequence, then determine Risk Rating.

Hazard	Likelihood (Rare–Almost Certain)	Consequence (Minor–Severe)	Risk Rating (Low–Extreme)
--------	----------------------------------	----------------------------	---------------------------

### 4. Control Measures

(Describe the controls you will implement using the hierarchy of controls)

---

---

---

---

### 5. Residual Risk Rating

(After controls are applied)

---

---

### 6. Communication Plan

(How volunteers and participants will be briefed)

---

---

## 7. Approval

**Activity Facilitator Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

President Approval Required?

Yes (High/Extreme risk)     No

**President Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_