

## Risk Assessment Template

Use this template to document a risk assessment to manage health and safety hazards and risks.  
For more details on the risk management process refer to, [Managing Health and Safety Risks](#).

Note: For risk assessments with curriculum activities refer to: [Managing Risks in School Curriculum Activities](#).

Activity Description: <b>Laser Tag</b>	
Conducted by: <b>Vacation Care Staff Members/Teachers</b>	Date:

### Step 1: Identify the Hazards

<b>Biological</b> (e.g. hygiene, disease, infection)		
<input type="checkbox"/> Blood / Bodily fluid	<input type="checkbox"/> Virus / Disease	<input type="checkbox"/> Food handling
Other/Details:		
<b>Chemicals</b> Note: Refer to the label and Safety Data Sheet (SDS) for the classification and management of all chemicals.		
<input type="checkbox"/> Non-hazardous chemical(s)	<input type="checkbox"/> 'Hazardous' chemical (Refer to a completed <a href="#">hazardous chemical risk assessment</a> )	
Name of chemical(s) / Details:		
<b>Critical Incident – resulting in:</b>		
<input type="checkbox"/> Lockdown	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Disruption
Other/Details:		
<b>Energy Systems – incident / issues involving:</b>		
<input type="checkbox"/> Electricity (incl. Mains and Solar)	<input type="checkbox"/> LPG Gas	<input type="checkbox"/> Gas / Pressurised containers
Other/Details:		
<b>Environment</b>		
<input checked="" type="checkbox"/> Sun exposure	<input type="checkbox"/> Water (creek, river, beach, dam)	<input checked="" type="checkbox"/> Sound / Noise
<input type="checkbox"/> Animals / Insects	<input checked="" type="checkbox"/> Storms / Weather	<input checked="" type="checkbox"/> Temperature (heat, cold)
Other/Details:		
<b>Facilities / Built Environment</b>		
<input type="checkbox"/> Buildings and fixtures	<input type="checkbox"/> Driveway / Paths	<input type="checkbox"/> Workshops / Work rooms
<input type="checkbox"/> Playground equipment	<input type="checkbox"/> Furniture	<input type="checkbox"/> Swimming pool
Other/Details:		
<b>Machinery, Plant and Equipment</b>		
<input type="checkbox"/> Machinery (fixed plant)	<input type="checkbox"/> Machinery (portable)	<input type="checkbox"/> Hand tools
<input type="checkbox"/> Vehicles / trailers		
Other/Details:		
<b>Manual Tasks / Ergonomics</b>		
<input type="checkbox"/> Manual tasks (repetitive, heavy)	<input type="checkbox"/> Working at heights	<input type="checkbox"/> Restricted space
Other/Details:		
<b>People</b>		
<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Parents / Others
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological / Stress	
Other/Details:		
<b>Other Hazards / Details</b>		

## Step 2: Assess the Level of Risk

Consider the hazards identified in Step One and use the risk assessment matrix below as a guide to assess the risk level.

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Critical
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	High	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Low	Medium

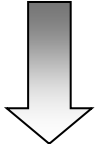
Consequence	Description of Consequence	Likelihood	Description of Likelihood
1. Insignificant	No treatment required	1. Rare	Will only occur in exceptional circumstances
2. Minor	Minor injury requiring First Aid treatment (e.g. minor cuts, bruises, bumps)	2. Unlikely	Not likely to occur within the foreseeable future, or within the project lifecycle
3. Moderate	Injury requiring medical treatment or lost time	3. Possible	May occur within the foreseeable future, or within the project lifecycle
4. Major	Serious injury (injuries) requiring specialist medical treatment or hospitalisation	4. Likely	Likely to occur within the foreseeable future, or within the project lifecycle
5. Critical	Loss of life, permanent disability or multiple serious injuries	5. Almost Certain	Almost certain to occur within the foreseeable future or within the project lifecycle

Assessed Risk Level	Description of Risk Level	Actions
<input type="checkbox"/> Low	If an incident were to occur, there would be little likelihood that an injury would result.	Undertake the activity with the existing controls in place.
<input type="checkbox"/> Medium	If an incident were to occur, there would be some chance that an injury requiring First Aid would result.	Additional controls may be needed.
<input type="checkbox"/> High	If an incident were to occur, it would be likely that an injury requiring medical treatment would result.	Controls will need to be in place before the activity is undertaken.
<input type="checkbox"/> Extreme	If an incident were to occur, it would be likely that a permanent, debilitating injury or death would result.	Consider alternatives to doing the activity. Significant control measures will need to be implemented to ensure safety.

## Step 3: Control the Risk

In the table below:

- List below the hazards/risks you identified in Step One.
  - Rate their risk level (refer to information contained in Step Two to assist with this).
  - Detail the control measures you will implement to eliminate or minimise the risk.
- Note: Control measures should be implemented in accordance with the preferred **hierarchy of control**. If lower level controls (such as Administration or PPE) are to be implemented without higher level controls, it is important that the reasons are explained.

Hierarchy of Control	
Most effective (High level)  Least effective (Low level)	<b>Elimination:</b> remove the hazard completely from the workplace or activity
	<b>Substitution:</b> replace a hazard with a less dangerous one (e.g. a less hazardous chemical)
	<b>Redesign:</b> making a machine or work process safer (e.g. raise a bench to reduce bending)
	<b>Isolation:</b> separate people from the hazard (e.g. safety barrier)
	<b>Administration:</b> putting rules, signage or training in place to make a workplace safer (e.g. induction training, highlighting trip hazards)
	<b>Personal Protective Equipment (PPE):</b> Protective clothing and equipment (e.g. gloves, hats)

## Hazards/Risks and Control Measures

1. Description of Hazards / Risks	2. Risk Level	4. Control Measures (Note: if only Administration or PPE controls are used, please explain why.)
Enviroment (Outdoor activity)	Low	We recommend all players wear hats and sunscreen. Depends on the playing area scratches can occur without long pants and covered shoes. We recommend players were outdoor appropriate clothing. Falling over or tripping, due to the outdoor enviroment, can occur. Teachers should supervise all players while equipment is in use. Ensure that all players are aware of their surroundings prior to play.
People (Collision)	Medium	Ensure that all players are supervised when playing. Ensure the playing area is large enough for the number of players and that each players has a place to 'hide'. Ensure all players are aware of their surroundings prior to the begining of the games.
Inflatables (if used) may fall	Low	Our inflatable barriers do not come under any amusement ride legislation. Players should not attempt to move or jump over inflatables.
Injured from Phaser Use	Low	The phasers use harmless infrared light (just like a big TV remote control). So no additional safety equipment is required.
Other details: N/A		

Submission	
This activity will be conducted in accordance with this risk assessment, implementing the control measures outlined in Step Three. Changes will be made to the activity, if required, to manage any emerging risks to ensure safety.	
Contact person:	Date:
Indicate those others involved in the preparation of this risk assessment.	

**Step 4: Monitor and Review Controls**

Complete during and/or after the activity.	Yes	No
1. Are the planned control measures sufficient and effective in minimising the level of risk?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have there been any changes to the planned control measures?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are further control measures required in future?	<input type="checkbox"/>	<input type="checkbox"/>
Details:		
Review completed by:	Designation:	
Signature:	Date:	

