RISK ASSESSMENT AND MANAGEMENT PLAN

(Event Organisers are not obligated to use this Template – you may submit your own)

EVENT NAME			**EVENT DATES**	
EVENT LOCATION	Central Coast Regional Sporting & Recreation Complex			
ASSESSMENT COMPLETED BY	**NAME (PRINT)**	**SIGNATURE**	**ASSISTED BY (NAME)**	**SIGNATURE**

TASK / ISSUE	**HAZARD**	**ASSESSMENT**			**RISK MITIGATION**	**RESPONSIBLE PERSON**	**NEW ASSESSMENT**
		IMPACT	***LIKELIHOOD***	***LEVEL OF RISK***			