Site Specific Risk Management Plan

Date of Event	
Name of Event	
Location	
Name/s of responsible person/s:	

Assessed Risk Level		Description of Risk Level	Actions
	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.
	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.
	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.
	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.

Example Hazards/ Risks -

Please note the hazards below are examples only. Risk Management Plans must be site and event specific. Please add additional rows to plan if necessary.

- Injury (ie. Minor & serious)
- Structural Collapse

· Inclement Weather

· Slips and Trips (ie. electrical cables, uneven ground, temporary fencing)

- · Lost Children
- Waste (ie. Insufficient rubbish bins, litter)
- Water Hazard (ie. Drowning)

Vehicular (ie. Weight of vehicle, Collisions, Traffic Congestion, Illegal Parking)

- Stolen Property
- Excavation (ie. dial before you dig) Ground Penetration (ie. Pegs, trenches)
- Criminal Activity
 Alcohol affected persons
- Chemical hazards (fuels ie/ Petrol, LPG, Diesel)
 Signage (ie testing and tagging electrical equipment

Evacuation Plan Ground Penetration (ie Electrocution Sunburn/ Dehydration

Description of Hazards / Risks	Risk Level (Low, Medium, High, Extreme)	Risk Control Please advise how you intend to eliminate and/or control the identified hazard/ Risks In the case of injury, designated first aid officer to attend to injury, Contact 000 if necessary.

Central Coast Council- Special Event

Please complete reverse side - page 1 of 2

Description of Hazards / Risks	Risk Level	Risk Control Please advise how you intend to eliminate or control the hazard In the case of injury, designated first aid officer to attend to injury. Contact 000 if necessary.

Declaration				
responsible for the imp provided within this Ri Guidelines associated	on behalf of, accept and understand that as the Event Organiser I ementation and monitoring of actions detailed in the Risk Management Plan. I declare that the inform Management Plan is accurate and correct and I have read and understood the Policy, Procedures and the conducting a Special Event on open space areas owned by Council, of which Council is Trust Management of Gosford City Council	matior nd		
Name:(Please print)				
Organisation:(Please print)				
Position:(Please Print)				
Signature:	Date:			