

**DESTINATION, STRUCTURE OR ACTIVITY:** 

# CABONNE FAMILY DAY CARE 103 Bank Street, Molong NSW 2866 (02) 6392 3219 | fdc@cabonne.nsw.gov.au



#### **RISK ASSESSMENT 2023**

Risk Assessment [ 1 - Activities that do not include or involve adventurous play, stairs, water, or structures with a fall height over 60cm.

**RISK ASSESSMENT NUMBER:** 

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Benefit Risk Assessment [ ] – Activities that include or involve adventurous play, stairs, water, or structures with a fall height over 60cm.										
Relevant Regulations Children (Education an Education and Care Se	d Car				•			2D, 168		
Important Information A risk assessment must the safety, health or we Written authorisation from	st be c ellbein	g of any child be	eing taken	on th	ne excursion, and d	etail	strategies for minir	nising a		
EXCURSION DETAILS	3									
Date Completed			Destination Addres		ss					
Time & Duration					Routine or Non-Routine					
Proposed Activities										
Educator Name						Со	ntact Number			
Number of Children				Num	ber of Adults			Educa	ator to Child Ratio	
How does this excursion or experience relate to your educational program?										
If Benefit Risk Assessment, list the risk and benefits  Risks (must be discussed in risk assess			ssment)		Benefits					



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TRANSPORT (only fill this section out if you are transporting children) [ ] Section not applicable Estimated time of travel between locations Pick up Location (where children embark vehicle) **Proposed Route** Means of transport (e.g. car, bus, walking) Expiry date of Car Restraints Certificate (Car restraint certificates expire after 12 months) Expiry date of Car Registration Certificate Any water hazards on proposed route? (e.g. bridge, cause way, risk of flooding, lake, dam) How will you exit & return to your service? How will you enter & exit the destination? How will you embark and disembark the means of transport and how will each child be accounted for? **EXCURSION CHECKLIST** First Aid Kit List of adults participating in the excursion Medical information for each child List of children attending the excursion Mobile Phone Contact information for each child Other items (please list):



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HAZARD	Possible Outcomes	Matrix Rating	Elimination/Control Measures	Matrix Rating



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HAZARD	Possible Outcomes	Matrix	Elimination/Control Measures		
		Rating		Rating	



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RISK MATRIX								
CONSEQUENCE								
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC		
ТІКЕГІНООБ	ALMOST CERTAIN	Moderate	High	High	Extreme	Extreme		
	LIKELY	Moderate	Moderate	High	Extreme	Extreme		
	POSSIBLE	Low	Moderate	High	High	Extreme		
	UNLIKELY	Low	Low	Low Moderate		High		
	RARE	Low	Low	Low	Moderate	High		
Prepared E	By Name		S	ignature	Da	Date		
Staff Memb			S	ignature	te			
Prepared in consultation with								



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EXCURSION AUTHORISATION									
Risk Assessment									
Risk Assessment Number									
By signing, authorised parents or guardians acknowledge that they have read and understand the Risk Assessment and authorise permission for their child or children to participate in the activity outlined in the Risk Assessment, including transportation.  Written procedures for transporting children are available at the Education and Care Service.									
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:					
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Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:					
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:					
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:					

Please note: Non-Routine Risk Assessments must have a signed parent authorisation each time the children attend, not one authorisation per year.