

**DESTINATION, STRUCTURE OR ACTIVITY:** 

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



#### **RISK ASSESSMENT 2022**

**RISK ASSESSMENT NUMBER:** 

RISK Assessment [ ]	– ACTI	vities that <b>do no</b>	t include	or in	voive adventurous pia	ay, sta	irs, water, or si	ructure	s with a fall neight of	over 60cm.
Benefit Risk Assessm	nent [	] – Activities th	at <b>includ</b>	e or ir	nvolve adventurous p	lay, sta	airs, water, or s	tructure	es 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 taker	n on th	ne excursion, and det	tail stra	itegies for mini	mising a		
EXCURSION DETAILS	3									
Date Completed			Destination Address							
Time & Duration			Routine or Non-Routine							
Proposed Activities										
Educator Name						Contac	ct Number			
Number of Children				Num	ber of Adults			Educator to Child Ratio		
How does this excursion relate to your education		-			·					
If Benefit Risk Assessment, list the risk and benefits				Ris	sks (must be di	scussed	in risk assessment)			



Other items (please list):

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(02) 6392 3219 | fdc@cabonne.nsw.gov.au 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

2	Form Number – E25



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RISK ASSESSMENT (Ensure hazards are accounted for from when you walk out the door, until you return again)							
HAZARD	Possible Outcomes	Matrix Rating	Elimination/Control Measures	Who	When		



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HAZARD	Possible Outcomes	Matrix Rating	Elimination/Control Measures	Who	When



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RISK MATRIX	•						
				ONSEQUENCE			
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	
	ALMOST CERTAIN	Moderate	High	High	Extreme	Extreme	
QO	LIKELY	Moderate	Moderate	High	Extreme	Extreme	
ГІКЕГІНООБ	POSSIBLE	Low	Moderate	High	High	Extreme	
	UNLIKELY	Low	Low	Moderate High		High	
	RARE	Low	Low	Low	Moderate	High	
Prepared By	Name		D	ate			
Staff Membe Approva			S	ignature	ate		
Prepared in co	nsultation	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: Date: Signature: 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: 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: Child Name: **Authorised Person Name:** Relationship to child: Signature:

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

Date: