

My Place Family Day Care

Home Improvement / Repairs Risk Management

Prior consultation with the Service is required and prior permission is essential.

A copy must be retained by the Educator and made available to parents and Department staff if requested.

Educator's Name: _____ Educator's Contact Number: _____

Educator's Address: _____

 (07) 3372 1711
 FDCadmin@ich.org.au
 www.MyPlaceFDC.org.au
 38 Sittella Street, Inala Q 4077
[Facebook.com/MyPlaceFamilyDayCare](https://www.facebook.com/MyPlaceFamilyDayCare)



What is the improvement / repair? (For Example: Fencing or trade work etc)	What part of the premises is affected?	Prevention to minimise risk	Approx length of Time

Please identify the likelihood of risk.

Please circle on table below:

What are the consequences of someone being injured, exposed, or potential death?	How likely is it to occur?			
	Could happen at anytime	Could happen sometime	Could happen but very rare	Could happen but probably never will
Death or permanent disability	H	H	H	M
Severe injury or illness	H	H	M	M
Medical attention required	H	M	M	L
Pain, the discomfort experienced, first aid required	M	M	L	L

H = High Risk M = Medium Risk L = Low Risk

The level of risk is the combination of the consequences and the likelihood of a specific risk.

Examples of low risks include: An event that is likely to occur but has minimal consequences or an event that is extraordinarily unlikely to occur but has moderately severe consequences.

Examples of Medium Risk include: An event that is likely to occur but has moderate consequences or an event that is extraordinarily unlikely to occur but has highly severe consequences.

Examples of high risks (Catastrophic) include: An event that is likely to occur and has highly severe consequences. An event that is extraordinarily unlikely to occur but has catastrophic consequences.

Where the risk is **High Risk** unless the control applied reduces the risk to Medium or Low this activity will not be approved by the Nominated Supervisor.

Coordinator Name: _____ Coordinator Signature: _____ Date: _____

Educator Signature: _____ Date: _____