

## Loss of Utilities Risk Management Plan

This form is to be completed if there is any loss to any utilities including Water, Electricity, Sewerage. This form needs to be sent to the Service for approval if prior notice is given and a signed copy retained by the Educator and made available to parents and Department staff if requested.

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**Educator's Name:** \_\_\_\_\_ **Educator's Address:** \_\_\_\_\_

**Coordinator giving approval:** \_\_\_\_\_ **Coord's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What loss has occurred. E.g.: Electricity, Water, No toileting facilities etc	Estimated length of time outage will continue	How will this affect your ability to run family day care? (What have you done to prepare) Possible Risk/Hazards Identified

**Loss of Utilities Risk Management Plan continued.**

Preventions in place to ensure risk is minimised. (What measures are in place)	Please identify the likelihood of risk. Please circle on table below:																													
	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2" style="width: 30%; text-align: center;">What are the consequences of someone being injured, exposed, or potential death?</th> <th colspan="4" style="text-align: center;">How likely is it to occur?</th> </tr> <tr> <th style="text-align: center;">Could happen at anytime</th> <th style="text-align: center;">Could happen sometime</th> <th style="text-align: center;">Could happen but very rare</th> <th style="text-align: center;">Could happen but probably never will</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Death or permanent disability</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: yellow;">M</td> </tr> <tr> <td style="text-align: center;">Severe injury or illness</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: yellow;">M</td> <td style="text-align: center; background-color: yellow;">M</td> </tr> <tr> <td style="text-align: center;">Medical attention required</td> <td style="text-align: center; background-color: red;">H</td> <td style="text-align: center; background-color: yellow;">M</td> <td style="text-align: center; background-color: yellow;">M</td> <td style="text-align: center; background-color: green;">L</td> </tr> <tr> <td style="text-align: center;">Pain, the discomfort experienced, first aid required</td> <td style="text-align: center; background-color: yellow;">M</td> <td style="text-align: center; background-color: yellow;">M</td> <td style="text-align: center; background-color: green;">L</td> <td style="text-align: center; background-color: green;">L</td> </tr> </tbody> </table> <p style="text-align: center; color: red; margin-left: 200px;">H = High Risk M = Medium Risk L = Low Risk</p> <p><b>The level of risk is the combination of the consequences and the likelihood of a specific risk.</b></p> <p><u>Examples of low risks include:</u> 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.</p> <p><u>Examples of Medium Risk include:</u> 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.</p> <p><u>Examples of high risks (Catastrophic) include:</u> An event that is likely to occur and has highly severe consequences. An event that is extraordinarily unlikely to occur but has catastrophic consequences.</p> <p><b>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.</b></p>	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
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If more space is needed, please attach another sheet of paper

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_