

My Place Family Day Care

Play Equipment over 60cm Risk Management Plan

Please note all equipment must be installed and used in relation to the manufacturer's guidelines and the best practice for the safety of children.

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

Educator's Address: _____

Type of equipment and Location of equipment	Description/ photo eg height, fort, slide, monkey bars	Bought or Homemade	Material used under equipment to ensure safety	How will this equipment be supervised How will you maintain active supervision and ensure safety

Play Equipment risk management plan continued

Hazards identified / possible risks	What measures are in place to ensure risk is minimised.	Please identify the likelihood of risk. Please circle on table below:																													
		<table border="1" data-bbox="1062 331 2039 634"> <thead> <tr> <th data-bbox="1062 331 1409 483" rowspan="2">What are the consequences of someone being injured, exposed, or potential death?</th> <th colspan="4" data-bbox="1409 331 2039 375">How likely is it to occur?</th> </tr> <tr> <th data-bbox="1409 375 1568 483">Could happen at anytime</th> <th data-bbox="1568 375 1722 483">Could happen sometime</th> <th data-bbox="1722 375 1887 483">Could happen but very rare</th> <th data-bbox="1887 375 2039 483">Could happen but probably never will</th> </tr> </thead> <tbody> <tr> <td data-bbox="1062 483 1409 516">Death or permanent disability</td> <td data-bbox="1409 483 1568 516">H</td> <td data-bbox="1568 483 1722 516">H</td> <td data-bbox="1722 483 1887 516">H</td> <td data-bbox="1887 483 2039 516">M</td> </tr> <tr> <td data-bbox="1062 516 1409 548">Severe injury or illness</td> <td data-bbox="1409 516 1568 548">H</td> <td data-bbox="1568 516 1722 548">H</td> <td data-bbox="1722 516 1887 548">M</td> <td data-bbox="1887 516 2039 548">M</td> </tr> <tr> <td data-bbox="1062 548 1409 581">Medical attention required</td> <td data-bbox="1409 548 1568 581">H</td> <td data-bbox="1568 548 1722 581">M</td> <td data-bbox="1722 548 1887 581">M</td> <td data-bbox="1887 548 2039 581">L</td> </tr> <tr> <td data-bbox="1062 581 1409 634">Pain, the discomfort experienced, first aid required</td> <td data-bbox="1409 581 1568 634">M</td> <td data-bbox="1568 581 1722 634">M</td> <td data-bbox="1722 581 1887 634">L</td> <td data-bbox="1887 581 2039 634">L</td> </tr> </tbody> </table> <p data-bbox="1289 643 1812 670" style="text-align: center;">H = High Risk M = Medium Risk L = Low Risk</p> <p data-bbox="1062 699 1969 727">The level of risk is the combination of the consequences and the likelihood of a specific risk.</p> <p data-bbox="1062 753 2007 808"><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 data-bbox="1062 818 2039 873"><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 data-bbox="1062 883 2028 938"><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 data-bbox="1062 997 1980 1052">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.</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 needed, please attach another sheet of paper.

I have read and understand the manufacturers recommendations, safety guidelines and Service policy/procedures to ensure safety requirements are met.

Educator Signature: _____ Date: _____

Coordinator Name: _____ Coordinator Signature: _____ Date: _____

Approved by (Manager): _____ Date: _____