

My Place Family Day Care

Poisonous Plants Risk Management

Prior consultation with the Service is essential.


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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: _____

| What is the risk / hazard? (For Example: Caravan Plant, Fence, Firepit or Water Hazards) | What part of the premises is affected? | Prevention to minimise risk |
|---|--|-----------------------------|
|  | | E |

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: _____