My Place Family Day Care

Poisonous Plants Risk Management

Prior consultation with the Service is essential.

(07) 3372 1711

FDCadmin@ich.org.au

www.MyPlaceFDC.org.au



Facebook.com/MyPlaceFamilyDayCare

♀ 38 Sittella Street, Inala Q 4077



| or's Name: | Educator's Contact Number: | | | | |
|--|--|-----------------------------|--|--|--|
| cator's Address: | | | | | |
| What is the Plant that presents a risk / hazard? | 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 | Н | Н | Н | М |
| Severe injury or illness | Н | Н | М | М |
| Medical attention required | Н | M | M | L |
| Pain, the discomfort | M | M | L | L |
| experienced, first aid required | | | | |

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.

<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.

<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.

<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.

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: | |