

Weapons/Fire arms Risk Minimisation plan

This form is to be completed when an adult occupant holds a firearms license. This is declared on the schedule and during home safety, during re registration time. This risk management plan is to ensure all adult occupants are aware of the potential hazard within the family day care environment if the firearms laws and regulations are not followed or adhered too at all times.

(07) 3372 1711
FDCadmin@ich.org.au
www.MyPlaceFDC.org.au
38 Sittella Street, Inala Q 4077

Facebook.com/MyPlaceFamilyDayCare



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

Educator's Address: _____

What is the unforeseen Risk/Hazard?	Do you understand and agree to all Firearms laws and permits.	Do you understand that you must notify the service if there is any changes to your firearms licensing	Strategies to minimize risks

Active supervision/risk minimisation plan continued

<p>Please identify the likelihood of risk. Please circle on table below:</p>	<p>Reassessment. Am I ok to continue this practise?</p>																													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 25%;">What are the consequences of someone being injured, exposed, or potential death?</th> <th colspan="4">How likely is it to occur?</th> </tr> <tr> <th style="width: 12.5%;">Could happen at anytime</th> <th style="width: 12.5%;">Could happen sometime</th> <th style="width: 12.5%;">Could happen but very rare</th> <th style="width: 12.5%;">Could happen but probably never will</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Death or permanent disability</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: orange; color: white;">M</td> </tr> <tr> <td style="text-align: left;">Severe injury or illness</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: orange; color: white;">M</td> <td style="background-color: orange; color: white;">M</td> </tr> <tr> <td style="text-align: left;">Medical attention required</td> <td style="background-color: red; color: white;">H</td> <td style="background-color: orange; color: white;">M</td> <td style="background-color: orange; color: white;">M</td> <td style="background-color: green; color: white;">L</td> </tr> <tr> <td style="text-align: left;">Pain, the discomfort experienced, first aid required</td> <td style="background-color: orange; color: white;">M</td> <td style="background-color: orange; color: white;">M</td> <td style="background-color: green; color: white;">L</td> <td style="background-color: green; color: white;">L</td> </tr> </tbody> </table> <p style="text-align: center; color: red; font-weight: bold;">H = High Risk M = Medium Risk L = Low Risk</p> <p>The level of risk is the combination of the consequences and the likelihood of a specific risk.</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>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 is needed, please attach another sheet of paper.

Educator Signature: _____ Date: _____

Coordinator Name: _____ Coordinator Signature: _____ Date: _____