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| Section 1. Details of Activity requiring Risk Assessment | | | | | | | |
| Activity Type |  | | | Outline of activities |  | | |
| Location for activity |  | | | Date/s of activity |  | | |
| Unit |  | District/s |  | Region |  | State |  |
| Chair of Committee |  | | |  |  | | |
| Leader in Charge |  | | | Qualifications of  LiC |  | | |
| First Aider |  | | | Qualifications of  First Aider |  | | |
| Aims of activity |  | | | Risk assessment  prepared by |  | | |

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| Section 2. Risk Assessment | | | | | |
| Step 1 Identify the hazards People, Environment, Equipment | | Step 2 Assess the current risk  See tables 1,2,3 | Step 3 Control the risk | Who & When | Step 4. Reassess the risk Use table 1,2,3 again |
| Identify the Hazard | What is the harm associated with the hazard? | Is the risk low, medium, high or  extreme? | What controls are already in place and what else needs to be done to reduce or remove  the risk? | By whom? By when? | Now that controls have been put in place reassess  the risk |
| People Hazards (eg skill, experience, health and fitness, age, fears) | | | | | |
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# Girl Guides Australia Risk Assessment Plan - August 2021 3 | 5

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| Environmental Hazards (eg weather, remoteness, terrain, water, shelter) | | | | | |
| Identify the Hazard | What is the harm associated with the hazard? | Is the risk low, medium, high or  extreme? | What controls are already in place and what else needs to be done to reduce or remove  the risk? | By whom? By when? | Now that controls have been put in place reassess the risk |
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| Equipment Hazards (eg clothing, kayaks, camping equipment, cars) | | | | | |
| Identify the Hazard | What is the harm associated with the hazard? | Is the risk low, medium, high or  extreme? | What controls are already in place and what else needs to be done to reduce or remove  the risk? | By whom? By when? | Now that controls have been put in place reassess the risk |
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| Other hazards (eg finance, reputation) | | | | | |
| Identify the Hazard | What is the harm associated with the hazard? | Is the risk low, medium, high or  extreme? | What controls are already in place and what else needs to be done to reduce or remove  the risk? | By whom? By when? | Now that controls have been put in place reassess the risk |
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| Section 3. Response Plan | | | | | | |
| Evacuation Response Procedures eg. fire, flood | | | | | | |
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| Emergency Response Procedures | | | | | | |
| What? | | Equipment? | | | Where located? | |
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| Onsite Emergency Contacts | | | | | | |
| Name | | | | Phone Number | | |
| Name | | | | Phone Number | | |
| Offsite emergency contacts - Phone Numbers | | | | | | |
| Emergency Services | Police, Ambulance, Fire: 000 | | Police Link: 13 14 44 | | | Poison Hotline: 13 11 26 |
| Local Health services (to the event) |  | |  | | |  |
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