

**RISK MANAGEMENT FORM** - (This form needs to be reviewed annually or when changes occur)



Educator's Name: \_\_\_\_\_

Date completed: \_\_/\_\_/\_\_

**ANALYSE THE RISKS**

Activity: \_\_\_\_\_ (address)

Proposed Route: see attached map

**Existing Control Measures:**

<b><u>Hazards Identified</u></b>	<b><u>Likelihood of risk occurring</u></b>	<b><u>Consequences</u></b>	<b><u>Level of Risk</u> - Use Matrix</b>

Review Date: \_\_/\_\_/\_\_ Initial: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Initial: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Initial: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Initial: \_\_\_\_\_