“INSERT CLUB NAME” Risk Management Assessment

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| --- | --- | --- | --- | --- | --- |
| **Reference Number:** |  | **Author:** |  | **Date Created:** |  |
| **Description of Analysis:** |  | | | | |
| **Location of Site:** |  | | | | |
| **Approved for Use by “THE NAMED CLUB” Committee Representatives:** |  | | | | |
| **Accompanying Documents:** |  | | | | |

**FIRM MATRIX**

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| **RISK SCORE LEGEND** | |
| **Severity** | **Required Action** |
| Extreme | Do not proceed.  Further controls need to be implemented. |
| Very High | Do not proceed.  Further controls need to be implemented. |
| High | Do not proceed.  Further controls need to be implemented. Seek approval from GM or Head of  Generation/Mining. |
| Moderate | Manageable risk. Monitor and maintain risk levels. Seek approval from Leader. |
| Low | Manageable risk. Seek approval from Leader. |

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|  | | | **Consequence** | | | | |
| **Level 1**  **(0.5)** | **Level 2**  **(1.0)** | **Level 3**  **(1.5)** | **Level 4**  **(4)** | **Level 5**  **(5)** |
| **People** | | | Injury or illness requiring no treatment OR first aid treatment on site. | Injury or illness that requires offsite medical treatment. | Injury or illness requiring offsite medical treatment for temporary impairment. | Injury or illness that results in  a serious injury (permanent impairment) or fatality. | Injury or illness that results in  >1 fatality or permanently impairs >1 person’s life. |
| **Environment** | | | Single minor environmental event. No history of event.  No offsite impact. | Small scale, short term environmental event.  Has occurred previously.  No offsite impact. | Moderate scale, medium term environmental event.  Minor offsite impact. | Significant scale, medium term environmental impact.  Offsite impact. | Significant scale, long term environmental impact. Significant offsite impact. |
|  | **ALMOST CERTAIN (5)** | There is little doubt the  event will occur | 2.5  Moderate | 5  High | 7.5  High | 20  Extreme | 25  Extreme |
| **LIKELY**  **(4)** | Has happened at Archery Events, reasonable chance of recurrence | 2  Moderate | 4  Moderate | 6  High | 16  Very High | 20  Extreme |
| **POSSIBLE**  **(3)** | Has happened at Archery Event but not likely to recur | 1.5  Low | 3  Moderate | 4.5  High | 12  Very High | 15  Very High |
| **UNLIKELY (2)** | Conceivable but still unlikely | 1  Low | 2  Moderate | 3  Moderate | 8  High | 10  High |
| **RARE**  **(1)** | Extremely unlikely | 0.5  Low | 1  Low | 1.5  Low | 4  Moderate | 5  High |

**LIKELIHOOD**

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| **Identified Moderate or High-Risk Activities** | | | | | | | | | |
| ☐ | Range Development | ☐ | Site Access | ☐ | Sanctioned Event | ☐ | Club Archery Shoot | ☐ |  |
| ☐ | Range Setting | ☐ | Legal Requirements | ☐ | Special Event | ☐ | Hygiene | ☐ |  |

*“L” = Low Risk. “ C” = Consequence, “IR” = Initial Risk, “” RR” Residual Risk.*

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| **Task** | **Activity** | **Initial Risk** | | | **Control Measures**  *Describe how the hazards will be eliminated, or other controls measures to reduce the risks to As Low as Reasonably Practicable (ALARP), including Inspection/Monitoring* | **Residual Risk** | | |
| **L** | **C** | **IR** | **L** | **C** | **RR** |
| Range Development | Planning & Preparation |  |  |  | * Range Captain appointed at the AGM prior to starting scheduled club shooting calendar. * Ensure Range Captain is aware of his duties and responsibilities as pe 3DAAA policies. * Provide sufficient Competent and Trained Members accredited by 3DAAA.to carry out range development. |  |  |  |
| Vegetation Removal |  |  |  | * Provide Individual template for task- based assessment for use by members carrying out Range Building activities, including the use of tools and machinery. * Ensure volunteers/participants are involved and included in the Risk Assessment process, aware of the hazards and the control measures implemented to allow safe work environment. * Ensure members sign on/off risk assessment documentation to acknowledge risks and precautions. |  |  |  |
| Range Setting | Range Maintenance |  |  |  | * Schedule regular Working Bees to reduce slip & trip hazards during the calendar year. * Provide Template for task-based assessment for use by members carrying out Range Maintenance activities, including the use of tools and machinery. * Nominate designated Site Co-Ordinator for the day’s activity |  |  |  |
| Target Placement/Retrieval |  |  |  | * Provide sufficient Competent and Trained Members accredited by 3DAAA.to carry out range duties * Provide adequate signage and barricading to allow safe access to targets. * Provide safe access and egress to targets. |  |  |  |

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| **L** | **C** | **IR** | **L** | **C** | **RR** |
| Site Access | Members / Volunteer / Visitors |  |  |  | * Maintain Visitor logs, shoot registers to record member / Visitor access to site. * Maintain a register of 3DAA membership currency. * Provide on Out of Hours Site Sign in book. * Provide Policies and Procedures as required when requested. * Maintain social media and Club information Website facilities to relay information * Provide and maintain information signage. * Provide Lockable barriers and gates to restrict unauthorized access to site. * Adequate signage to communicate Smoking and Alcohol policies. |  |  |  |
| Scheduled Working Bees |  |  |  | * Nominate a Lead team member to control organize activities. * Reduce hazards with regular maintenance * Provide real time risk assessment tools for members use. * Ensure tools and equipment is fit for purpose. * Carry out Prestart safety briefing prior to activity. |  |  |  |
| Archery Practice Shoot – Target Butts or practice ranges |  |  |  | * Provide Range Captain accredited by 3DAAA.to carry out range duties in practice area development * Post shoot and Practice Range Rules adjacent to Practice range area. * Maintain practice butt area to provide safe shooting lanes, allow adequate access and target butt backstops. |  |  |  |
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| **L** | **C** | **IR** | **L** | **C** | **RR** |
| Club Archery Shoot / Sanctioned Shoot / Special Event | Rules & Policies |  |  |  | * Provide Range Captain accredited by 3DAAA.to attend scheduled club shoots. * Ensure all committee members & members are aware of 3DAAA Rules & Policies – identify where documents are kept (soft copy/hard copies) * Maintain 3DAAA Association requirements and insurances. * Provide Pre-Start Briefings prior to organized shoot activities. * Ensure all participants have signed on to a shoot record register. * Range set by Competent and Trained Members accredited by 3DAAA.to carry out range setting duties. * Ensure the adequate supervision of young members and guests. Parental responsibilities are communicated. * Ensure adequate safety signage is displayed clear and visible in all required areas.   All adult club members carry whistle when on range for emergency communication.   * Review policies and Risk assessments annually to ensure currency and compliance. |  |  |  |
| Legal Requirements | Incorporation Requirements |  |  |  | * Hold adequate Committee meetings and AGM to meet state requirements. * Hold an annual AGM to vacate and fill executive and general committee roles as required each state act. * Provide Members adequate access to committee members to lodge and resolve problems and concerns as they arise. * Provide a Treasurer/ Secretary to maintain meeting minutes and records to meet legal requirements. |  |  |  |
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| **Task** | **Activity** | **Initial Risk** | | | **Control Measures**  *Describe how the hazards will be eliminated, or other controls measures to reduce the risks to As Low as Reasonably Practicable (ALARP), including Inspection/Monitoring* | **Residual Risk** | | |
| **L** | **C** | **IR** | **L** | **C** | **RR** |
| Hygiene | Infectious Disease |  |  |  | * Provide an infectious disease policy for members * Supply adequate hygiene product to comply with Local Government and state requirements. * If required by State Government, provide a QR Code facility to record site occupation activity records. * Provide a sign in register for members and visitors without access to mobile devices. |  |  |  |
|  | Food Preparation |  |  |  | * Provide Nominated Canteen Supervisor * Check with your local council regarding licence requirements. *NB: each state may have varying requirements/regulations required for clubs. Please make sure you have contacted your local council for information regarding the most up to date food act.* * Provide separate serving and cooking areas to maintain hygiene standard * Provide gloves and sanitising facilities. * Provide BBQ and gas bottles in date and serviceable condition. * Provide adequate cooling and heating facilities to maintain sanitary food condition. |  |  |  |
|  | Toilets/ Handwash Facilities |  |  |  | * Toilets maintained and cleaned prior to use. * Regular pump outs of waste by approved and licensed waste disposal provider. * Provide adequate hand wash facilities and hygiene supplies for members use. * Provide adequate maintenance to maintain privacy of members using facilities |  |  |  |
|  | First Aid |  |  |  | * Provide a suitably trained and competent First Aid Officer for organised club activities. * Maintain adequate Fist Aid Kit. |  |  |  |
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| **Approved by:** |  |
| **Date:** |  |
| **Valid to:** |  |

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| **I have reviewed assessment** | | | | | |
| **Committee Sign-on** |  | **Name:** | **Signature:** | **Position:** | **Date:** |
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“INSERT CLUB NAME” Infectious Disease Control Matrix

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| **Reference Number:** |  | **Author:** |  | **Date Created:** |  |
| **Description of Analysis:** |  | | | | |
| **Location of Site:** |  | | | | |
| **Australian Sate of Club Location** |  | | | | |
| **Approved for Use by “THE NAMED CLUB” Committee Representatives:** |  | | | | |
| **Accompanying Documents:** |  | | | | |

* CLUBS must be aware of and adhere to all State and Federal regulations regarding Infectious Disease Control.
* 3DAAA has provided a minimum Matrix which all clubs must comply to. For those states requiring higher level of compliance please add to this document to show your compliance.
* Clubs have a duty of care to be responsible for the health and safety of members/visitors attending events conducted under their supervision.

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| Item No | Question | YES | NO | N/A | Observations/Comments |
| 1 | Checked and understand the compliance required at State and Federal requirements |  |  |  |  |
| 1 (a) | Are you compliant with your current Local / State Legislations? (Brief Explanation in Observations/Comments) |  | | | |
| 2 | Has your club adopted a safe infection control policy to protect all members/visitors attending your club grounds/facilities? |  |  |  |  |
| 2 (a) | If yes, please advise. |  | | | |
| 3 | Do you have adequate clean hand-washing facilities equipped with soap or sanitisers provided? |  |  |  |  |
| 4 | Do you regularly disinfect commonly touched items/ Surfaces |  |  |  |  |
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