“INSERT CLUB NAME” Risk Management Assessment

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

**FIRM MATRIX**

|  |
| --- |
| **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 ofGeneration/Mining. |
| Moderate | Manageable risk. Monitor and maintain risk levels. Seek approval from Leader. |
| Low | Manageable risk. Seek approval from Leader. |

|  |  |
| --- | --- |
|  |  **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 ina 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 theevent will occur | 2.5Moderate | 5High | 7.5High | 20Extreme | 25Extreme |
| **LIKELY** **(4)** | Has happened at Archery Events, reasonable chance of recurrence | 2Moderate | 4Moderate | 6High | 16Very High | 20Extreme |
| **POSSIBLE****(3)** | Has happened at Archery Event but not likely to recur | 1.5Low | 3Moderate | 4.5High | 12Very High | 15Very High |
| **UNLIKELY (2)** | Conceivable but still unlikely | 1Low | 2Moderate | 3Moderate | 8High | 10High |
| **RARE****(1)** | Extremely unlikely | 0.5Low | 1 Low | 1.5 Low | 4 Moderate | 5 High |

 **LIKELIHOOD**

|  |
| --- |
| **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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.
 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| 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.
 |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| 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.
 |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.
 |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Approved by:** |  |
| **Date:** |  |
| **Valid to:** |  |

|  |
| --- |
| **I have reviewed assessment** |
| **Committee Sign-on** |  | **Name:** | **Signature:** | **Position:** | **Date:** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |

“INSERT CLUB NAME” Infectious Disease Control Matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |