|  |  |  |  |
| --- | --- | --- | --- |
| **5x 5 matrix** | Activity or event  being assessed: | | |
| Assessed by: |  | Date of assessment: |  |
| Consulted: |  | Leader in Charge or Manager’s name: |  |
| Formation or site: |  | Leader in Charge or Manager’s Signature: |  |

****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5 x 5 Risk matrix for use by leaders of adults**  **L = Likelihood**  **Almost Certain (A):** Expected to occur  **Likely (B):** Will probably occur  **Possible(C):** Might occur at sometime  **Unlikely (D):** Not likely to occur  **Rare (E):** Exceptional circumstances | **C = Consequence**  **Insignificant (1) :** No injuries  **Minor (2):** First aid treatment only  **Moderate (3):** Medical treatment only  **Major (4):** Long term illness or serious injury  **Catastrophic (5):** Death or permanent disability | **Risk Level** | | | | | |
| ***Consequence***  ***Likelihood*** | **Insignificant (1)** | **Minor (2)** | **Moderate (3)** | **Major (4)** | **Catastrophic (5)** |
| **Almost Certain (A)** | Significant | Significant | High | High | High |
| **Likely (B)** | Moderate | Significant | Significant | High | High |
| **Possible(C)** | Low | Moderate | Significant | High | High |
| **Unlikely (D)** | Low | Low | Moderate | Significant | High |
| **Rare (E)** | Low | Low | Moderate | Significant | Significant |

| **Task or Activity**  *eg walking around campsite* | **Risk i.e. what could go wrong?**  *eg snake bite* | **Current Control measures**  *Lawn mown by council* | L | C | Risk  Level | **Additional Control measures required**  *eg site orientation on arrival;*  *Closed footwear, long pants* | L | C | Risk  Level | Person responsible  *eg Cray Fish* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |