Archery Victoria Form			
Form No:	1200-F-01	Version:	01
Revised Date:	30/09/2025	Replaces Version	New Form
Review Date:	30/09/2027	Pages:	2

Risk Assessment Form

Club Name:	

Risk Identified:								
Incident history for risk:	❑ An Actual Previous Incident				❑ A Potential New Incident			
What happened or could happen?								
Describe the potential Consequences if an incident occurred:								
Consequence Rating	Extreme	❑	Serious	❑	High	❑	Low	❑
	Justification of assessment:							
Likelihood Rating	Likely	❑	Possible	❑	Unlikely	❑	Remote	❑
	Justification of assessment:							
Describe existing Controls:								
Risk Matrix Rating:	High	❑	Medium	❑	Low	❑	Very Low	❑
	Justification:							
Additional Controls or Treatment Required:		❑	Yes			❑	No	
	If 'No", why?							

Treatment Actions				
Actions		Priority (High, Medium, Low)	Timeline (In days)	Responsibility (Full Name)
1.				
2.				
3.				
4.				
5.				

Residual Risk Level (After treatment)	High ❑	Medium ❑	Low ❑	Very Low ❑
IS the Residual Risk level acceptable?	❑ Yes (if 'Yes', why?)		❑ No (if 'No', what else will be done?)	
Communication Plan (How will this information be passed on to those who may be affected. When will it be done?)				

Risk Assessment Approved By:	Name:	Position:
	Signature:	Date:

This form should by securely filed and retained by the Club Secretary for up to 7 years.