

TRANSPORT RISK ASSESSMENT (OTHER THAN AS PART OF AN EXCURSION)

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

Educator Name	
Activity Eg collecting children from school	
Start Date:	End Date:
Pickup location and destinations Include each location travelled to or from E.g. each child's home address or each school	
Estimated time of travel between the different locations E.g. Departing the service, arriving at children's homes or schools and arrival at the service	
Means of transport	
Total number of children being transported	
Have requirements for seatbelts or child restraints been met for each child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The number of educators / responsible adults, appropriate to provide supervision, and whether any adults with specialised skills are required.	
Full names and contact number of each adult involved in the transportation of children	
Educator to child ratio, including whether this excursion warrants a higher ratio. If yes, detail in the risk assessment table below.	
Any water hazards on proposed route travelled and at each stop? E.g. Bridge, causeway, risk of flooding, beach, lake, dam	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Proposed route – please attach a map or written description of the route	

Describe the process for entering and exiting the service premises and the pick-up location or destinations (as required); (include how each child is accounted for):

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Describe the process for embarking and disembarking the vehicle at the pickup location or destination, including how each child is to be accounted for on embarking and disembarking

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TRANSPORTATION CHECKLIST

The following items to be readily available when transporting children– please tick

- | |
|---|
| <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Contact information for each child |
| <input type="checkbox"/> List of children involved |
| <input type="checkbox"/> List of adults involved in transport |
| <input type="checkbox"/> Contact information for each adult |
| <input type="checkbox"/> Mobile phone/ other means of communicating with the service and emergency services |
| <input type="checkbox"/> Medication, health plans, and risk assessment for individual children |
| <input type="checkbox"/> Other items specific to the excursion - please list below |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate

Use the table below to identify and assess risks to the safety, health or wellbeing of children being transported, and specify how these risks will be managed and minimised (regulation 102C(1)).

Risk assessment					
Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When
	Transport in a personal vehicle		Ensure children are securely restrained in car seats or seatbelts for the return journey		

Risk assessment

Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When

Risk assessment

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Risk assessment

Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When

PLAN AND REVIEW

Full Name:

Date:

Signature

Prepared in consultation with

Name:

Signature

Role/ Position

Vehicle Safety information reviewed and attached

Yes No

Risk assessment to be evaluated and reviewed on:

A risk assessment must be undertaken prior to an excursion being undertaken (and before seeking authorisation for that excursion to be undertaken). If the excursion is a 'regular outing'*, a risk assessment must be undertaken *at least* annually.