



AGILITY DOG ASSOCIATION OF AUSTRALIA LTD

ABN 83 070 415 404

RISK IDENTIFICATION WORKSHEET

Details of person lodging worksheet:

MR/MRS/MISS/MS SURNAME: FIRST NAME:

MEMBERSHIP NO (if applicable):

POSTAL ADDRESS: SUBURB:

STATE: POST CODE: PHONE: work home

EMAIL ADDRESS:

ACTIVITY ON THIS SHEET IDENTIFIED FROM:

Accident Record

DATE:

Consultation with members

Direct observation

ACTIVITY DESCRIPTION AND LOCATION (attach a separate sheet for more details if required):

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INFORMATION:

How many injuries/incidents have been attributed to this activity?

How many members have reported a problem with this activity?

How many members have to do this activity?

What basic risk categories appear to be the main problem(s) with this activity?

Member injury

Dog to member bite

Dog to dog bite

Health & hygiene

Member protection

PRIORITY FOR ASSESSMENT:

Indicate the priority for assessing the activity. Low Medium High Extreme

The priority should be determined in consultation with members and when compared with other identified activities.

OFFICE USE ONLY
ACTIVITY NO: