| **Pest Management – Activity risk management plan**  **Pest control activity in high-risk or sensitive places** | | |
| --- | --- | --- |
| **1. Details of pest management technician carrying out pest control activity** | | |
| Name |  | |
| PMT licence number |  | |
| Contact details |  | |
|  | |
| **2. Details of customer who arranged pest control activity** | | |
| Name of customer |  | |
| Contact details |  | |
|  | |
| Name of person responsible for control of place, if different |  | |
|  | |
| Contact details |  | |
|  | |
| Entry procedures to gain access to the place |  | |
|  | |
| **3. Details of place where pest control activity is to be carried out** | | |
| Address of place |  | |
|  | |
|  | |
| Type of place  *(include brief details)* |  | High risk[[1]](#footnote-1): |
|  | Sensitive[[2]](#footnote-2): |
| Locations / areas where activity to be carried out at the place  *(Include brief description and/or diagram on pg. 3 if practicable)* |  | |
|  | |
|  | |
|  | |

| **4. Pest control activity details** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date & time of activity | Date: / / Time: : am/pm | | | | | | | | |
| Type of activity |  | Urban/general pests | |  | Timber | |  | | Both |
| Reason for activity |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Pests to be controlled |  | | | | | | | | |
|  | | | | | | | | |
| Type/s and concentrations of pesticide/s to be used, including name/s and active constituent/s |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Is the pesticide/s being used APVMA approved |  | | | | | | | | |
| Type of activity |  | Urban/general pests | |  | Timber | |  | |  |
| How pesticide/s will be applied |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Estimated time to complete activity | Days: Hours Minutes | | | | | | | | |
| **5. Risks associated with pest control activity and controls required** | | | | | | | | | |
|  | Hazard/risk | | Likelihood | | | Consequence | | Risk Type | |
| List hazards/risks related to the activity.  *Refer to the tables below to assign a level of likelihood and consequence for each hazard/risk, then use risk matrix to assign the risk type.* |  | |  | | |  | |  | |
|  | |  | | |  | |  | |
|  | |  | | |  | |  | |
|  | |  | | |  | |  | |
|  | |  | | |  | |  | |

| Measures to be implemented to control the identified risk |  | | |
| --- | --- | --- | --- |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Follow-up actions required |  | | |
|  | | |
|  | | |
| **6. Other considerations** | | | |
| Standards, codes or legislation  *(e.g. food safety)* |  | | |
|  | | |
|  | | |
| Persons involved in activity and their roles/responsibilities |  | | |
|  | | |
|  | | |
| Communication/reporting requirements |  | | |
|  | | |
| Other |  | | |
|  | | |
| **7. Endorsement of plan** | | | |
| I confirm that I have given due consideration to the matters required for an activity risk management plan for high-risk and sensitive places, as per s19 of the Medicines and Poisons (Pest Management Activities) Regulations 2021. | | | |
| Name of preparer of plan |  | | |
| PMT Licence number of preparer |  | | |
| Contact details of preparer on plan |  | | |
|  | | |
| Signature or preparer of plan |  | Date |  |
| Signature of PMT who will carry out activity |  | Date |  |

| **8. Diagram of locations/areas where activity to be carried out (\*see Section 3 above)** |
| --- |
|  |

**Likelihood:**

| **Level** | **Descriptor** | **Description** |
| --- | --- | --- |
| **A** | Almost certain | Almost certain to occur at this time and location |
| **B** | Likely | Will probably occur at this time and location |
| **C** | Moderate | Should occur some time |
| **D** | Unlikely | Might occur some time |
| **E** | Rare | May occur, but only in exceptional circumstances |
| **F** | Never | It is not foreseeable to occur at this location |

**Consequence:**

| **Level** | **Descriptor** | **Description** |
| --- | --- | --- |
| **1** | Insignificant | No injuries, low financial loss/property damage |
| **2** | Minor | First aid treatment, medium financial loss/property damage, immediately contained |
| **3** | Moderate | Medical treatment required, medium financial loss/property damage |
| **4** | Major | Extensive injuries, significant financial loss/property damage, toxic release onsite only |
| **5** | Catastrophic | Death or hospitalisation due to serious injuries, huge financial loss/property damage, toxic release on/offsite |

**Risk matrix:**

| **Consequences** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **A** | **Moderate** | **High** | **Severe** | **Severe** | **Severe** |
| **B** | **Moderate** | **High** | **High** | **Severe** | **Severe** |
| **C** | **Low** | **Moderate** | **High** | **Severe** | **Severe** |
| **D** | **Low** | **Low** | **Moderate** | **High** | **Severe** |
| **E** | **Low** | **Low** | **Moderate** | **High** | **Severe** |
| **F** | **Low** | **Low** | **Moderate** | **High** | **High** |

**Legend - *Severe:*** Detailed research and management planning required at senior level,   
***High:*** Senior management attention required, ***Moderate:*** Management responsibility must be specified, ***Low:*** Manage by routine procedures.

1. ***High-risk place,*** means a place used for intensive or high-density livestock farming, processing food or food manufacturing; and includes land adjacent to the place that is owned or occupied by the same person. [↑](#footnote-ref-1)
2. ***Sensitive place***, means a building used for aged care, child care, schooling or health care purposes; and includes land adjacent to the building used for the same purposes. [↑](#footnote-ref-2)