**Risk treatment plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Local government name** | **Date compiled** | | |  | |
|  |  | | |  | |
| **Hazard** | **Risk level** | | | **Consequence level** | |
|  |  | | |  | |
| **Risk statement(s)** | | | | | |
|  | | | | | |
| **Comments** | | | | | |
|  | | | | | |
| **Potential treatment options (in decreasing priority)** | | **Responsible agency/organisation** | **Cost estimate and funding source(s)** | | **How is the treatment going to monitored/maintained over time** |
| 1. | |  |  | |  |
| 2. | |  |  | |  |
| 3. | |  |  | |  |
| 4. | |  |  | |  |
| **Justification of responsible agency/organisation if not your agency/organisation** | | | | | |
|  | | | | | |
| **Implementation plan/timeline** | | | | | |
|  | | | | | |
| **Approval for implementation** | | | | | |
| **Organisation** | **Date** | | | **Signature** | |
| Local Government |  | | |  | |
| LEMC |  | | |  | |
| DEMC |  | | |  | |

*Please attach treatment rating scores to this treatment plan (see Chapter 3 of the WA Emergency Risk Management Treatment Manual for more details)*