**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)*