

# 9D Cinema Incursion Risk Assessment Toongabbie West Activity Centre

### **Risk Rating Key**

Very Low/ Low/ Moderate / High / Very High

Activity	Hazard	Risk Assessment	Control Measure	Who	When
		(use Matrix)			
9D Cinema /	Trip/slip hazards	Low	- Ensure all cables secured and covered	Provider	During set up
Virtual Reality	around		- Clearly mark entry/exit paths	Provider	During set up
Motion Simulator	equipment setup		- No running near equipment	Educators	At all times
(mobile incursion			- Provider to conduct safety check of setup area	Provider	Before use
	Equipment	Low	- Only use licensed and insured provider	Coordinator	When booking
	malfunction or		- Provider to set up and operate equipment	Provider	During set up
	instability		- Inspect setup before use	Provider/ Educators	Prior to use
			- Keep children away during setup/pack down	Educators	At all times
			- Electrical cords to be tagged and tested	Provider	At all times
	Electrical hazards	Low	- Provider ensures all equipment tagged/tested	Provider	As required
			- Keep liquids and children away from power sources	Educators	At all times
			- Cables covered and out of reach	Provider	At all times
	Motion sickness /	Low	- Offer non-participation option	All educators	As needed
	dizziness /		- Limit ride duration per session if needed	All educators	As needed
	disorientation		- Observe children during use	All educators	During use
			- Stop session immediately if discomfort occurs	Provider	As needed
			- Inform families beforehand to identify sensitive children	Coordinator	Prior to day
	Additional Needs		-All rostered educators are expected to read the 'all about me'	Coordinator/Responsible	Prior to activity
	Children		forms on the children attending on the day	Person/Educators	
			-Familiar educators will be assigned to closely monitor children	Coordinator/Responsible	Prior to activity
			with additional needs to further support	Person/Educators	
	Sensory overload	Moderate	- Gather parental consent beforehand	Coordinator	Prior to activity
	(flashing lights,		- Notify parents about lighting/sound effects	Coordinator	Prior to day
	sound, motion)		- Offer alternative activities	All educators	As needed
			- Supervise closely for signs of distress	All educators	At all times
	Behavioural	Low	- Clear queueing system- children not participating must	All educators	At all times
	issues (pushing,		remain in designated play space		



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Activity	Hazard	Risk Assessment (use Matrix)	Control Measure		Who	When
	rushing to		- Educators supervi	se waiting area	All educators	At all times
	participate)		- Limit group sizes a	as per ride capabilities	All educators	At all times
			- Enforce calm, turr	n-taking behaviour	All educators	At all times
			-Children who cont	inue to be unsafe will be removed and		
			provided with alter	native activities	All educators	As needed
	Inadequate	Low	- Maintain active su	pervision throughout	All educators	At all times
	supervision		- Assign educators	to entry, exit, and waiting area	Responsible Person	At all times
			- Provider to superv	vise during ride operation and educators to	Provider & Educators	At all times
			be waiting at exit			
	Hygiene risks	Low	- Clean VR headsets and seats between uses		Provider	Between uses
			- Encourage children to wash/sanitise hands before and after		All educators	At all times
			activity			
			- Unwell children sh	nould not attend	Responsible	At all times
					person/parents	
	Noise exposure	Low	- Keep volume at safe levels		Provider	At all times
			<ul> <li>Provide option to remove headset</li> <li>Schedule in smaller groups if needed</li> <li>Provider trained in emergency stop procedure</li> <li>Educators to assist children calmly</li> <li>Emergency exits kept clear</li> <li>Pre-brief children on safety procedures</li> </ul>		Provider	As needed
					Educators	As needed
	Emergency /	Low			Provider	At all times
	power failure				All educators	At all times
	during use				Provider & Educators	At all times
					Responsible person	Prior to activity
ompleted by:	: Alanah Rye	•	•	Approved By: Liz Sakeson	•	•
Signature: Date: 12/11/2025		Signature	Date: 13/11/25			

Signature:

**Date:** 12/11/2025

Signature:

**Date:** 13/11/25



### **9D Cinema Incursion Risk Assessment**

## **Toongabbie West Activity Centre**

Risk Assessment Communication Record for 9D Cinema Incursion							
Date of Review:	Person/s who completed Review:		Date of Review:	Person/s who completed Review:			
10/11/2025							
12/11/2025 Alanah Rye							
Changes Made: YES / NO			Changes Made: YES / NO				
Notes: New risk assessment - adjusted from LAP			Notes:				
Educator/Staff	I have read and	Date & Signature	Educator/Staff	I have read and	Date & Signature		
Name	understood this Risk		Name	understood this Risk			
	Assessment (tick)			Assessment (tick)			



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