

Event Risk Assessment



Name of SDA group organising event?

WHAT is the event?

WHEN is the event?

START DATE:

START TIME:

FINISH DATE:

FINISH TIME:

WHERE is the event? *(List location/s below)*

PHYSICAL ADDRESS

GPS COORDINATES (eg. 32°30'22.0"S 152°17'31.2"E)

MAP NAMES

PHYSICAL ADDRESS	GPS COORDINATES (eg. 32°30'22.0"S 152°17'31.2"E)	MAP NAMES
	<i>Latitude</i>	
	<i>Longitude</i>	

List all the activities that are planned for this event:

WHO are the key people involved in this event?

NAME OF EVENT ORGANISER	ROLE (eg. Pathfinder Director)	MOBILE CONTACT	EXPERIENCE / QUALIFICATIONS
NAMES OF ADDITIONAL KEY PEOPLE (eg. Activity leaders, unit leaders, etc.)		MOBILE CONTACT	EXPERIENCE / QUALIFICATIONS

Approval Checklist

- Risk Assessment Completed by Event Organiser
- Risk Assessment Reviewed by another key person
- Risk Assessment Approved by Church Board or if camp/outdoor recreation activity by Local Conference Youth Department
- Final version of Risk Assessment shared with all leaders and external contacts and people responsible for putting risk controls in place

Risk Areas to Consider

Transport / Travel

Communications

Flora / Fauna

People: Safeguarding

Medical & Health

Hygiene

People: Ability / Behaviour

Environment / Weather

Location / Geography

Accommodation

Emergency Response

Activity-specific risks

Food & Water

Equipment

Waivers

RISK AND HAZARDS	RISK CONTROLS	PERSON/S RESPONSIBLE
List the risks and hazards for all activities for the event.	What are we doing? What do we already have in place to reduce loss or injury? And what else do we need to do to make it safer?	Who will make sure the control/s are in place and working, and recommend any adjustments?
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Photocopy if you need more space

EMERGENCY MANAGEMENT PLAN

Communications

Communicate safety plans, or relevant elements of safety plan to the people below relevant to your event:

- | | | |
|--|---|---|
| <input type="checkbox"/> Leaders | <input type="checkbox"/> Participants | <input type="checkbox"/> Local authorities (Council, RFS) |
| <input type="checkbox"/> Counsellors | <input type="checkbox"/> Local Conference | <input type="checkbox"/> Landowner or NPWS |
| <input type="checkbox"/> Parents / Guardians | <input type="checkbox"/> Local Church/es | <input type="checkbox"/> Other: <input type="text"/> |

Medical Response Procedure

NAME OF FIRST AIDER 1	MOBILE CONTACT	EXPERIENCE / QUALIFICATIONS
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF FIRST AIDER 2	MOBILE CONTACT	EXPERIENCE / QUALIFICATIONS
<input type="text"/>	<input type="text"/>	<input type="text"/>
BACK UP PERSON	MOBILE CONTACT	EXPERIENCE / QUALIFICATIONS
<input type="text"/>	<input type="text"/>	<input type="text"/>
LOCATION/S OF FIRST AID KIT/S	<input type="text"/>	<input type="text"/>

Outline emergency procedure and evacuation plan

<input type="text"/>
<input type="text"/>
<input type="text"/>

Emergency contacts

EMERGENCY (POLICE, FIRE, AMBULANCE)	SES (OR STATE EQUIV.)	LOCAL FIRE BRIGADE	NATIONAL PARK CONTACT PHONE NO.
000	<input type="text"/>	<input type="text"/>	<input type="text"/>
LANDOWNER CONTACT DETAILS (IF NOT NPWS)	CAMPGROUND CONTACT PHONE NO.	OFF-SITE EMERGENCY CONTACT NUMBER	OTHER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>