

RAINEY COLLINS LAWYERS

SAFETY ACTION PLAN

Activity: _____ Date: _____ Person in Charge of activity: _____

Safety Officer: _____ No. of helpers: _____ No. of other Helpers: _____

Approx No. of Participants: _____ Location: _____ Approved by: _____

Time of Event: _____ Finish Time: _____

IDENTIFY THE HAZARDS

-ELIMINATE THE HAZARDS

What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose Responsibility is it?	When/where will it be done?	Emergency Plan



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RAINEY COLLINS - LAWYERS 0800 733424

Group Members Requiring Special Consideration:

Health:

Other: eg, Permits required, Qualified Assistance needed (electrician, plumber etc) Name
Other: Phone

Power, Gas, Water – check if applicable

Pre Activity Checklist	On the Day	Comments
Safety Officer Appointed <input type="checkbox"/>	Medication <input type="checkbox"/>	
Off Site Venue Visited <input type="checkbox"/>	First Aid Kit <input type="checkbox"/>	
Board Approval <input type="checkbox"/>	Cellphone <input type="checkbox"/>	
SAP form to Organiser <input type="checkbox"/>	Advise helpers of hazards <input type="checkbox"/>	
Permits obtained <input type="checkbox"/>	Advise participants of hazards <input type="checkbox"/>	
Qualified Assistance Arranged <input type="checkbox"/>		

