## South East Australian Naturalists Association Inc A0044963D ABN 23 918 778 150

## **EXCURSION RISK ASSESSMENT FORM**

Thank you for agreeing to be an excursion leader/facilitator for the [Host club] FNC for their SEANA camp.

As part of our 'duty of care' to ensure the safety and wellbeing of everyone involved in SEANA camp activities, the [Host club] FNC requests you use this sheet to identify hazards and safety procedures while planning your activity. The information on this risk assessment will help plan things like the best/safest travel route to use for the excursion as well as identifying any specific hazards that will need to be communicated to the participants in the safety briefing at the start of the excursion (see accompanying briefing sheet).

Please return the completed assessment to the [Host club] contact person Leader [Host club] contact person Event Location \_\_\_\_\_ Date of event \_\_\_\_\_ Has the route to and from the event been planned and inspected?

Have any hazards been identified? (road works, dangerous sections of road, sections/ intersections where convoying may be hazardous) Is the route suitable for convoying? If not, suggest appropriate meeting points for participants. Recommend a map be prepared. Does the entire route have mobile phone coverage for the convoy leader to use? \_\_\_\_\_. If not, what are the alternative means of contact en route? Has the event site been checked for hazards? Are there any hazardous characteristics of the site: Unstable or dangerous terrain Water hazards Dead end tracks Alternative access / escape routes Clearly identified meeting points Risk of snake bite or wasp stings Refuge areas in case of fire or severe weather Possibility of people becoming lost or stranded Other (Including the threat of spreading Cinnamon Fungus in this area)

|                    | event site have mobile phone coverage for emergencies? If not where is the |
|--------------------|--|
| nearest la         | nd line phone or what alternative emergency contact means are available?   |
| •                  |  |
| •                  |  |
|                    |  |
| Emergend Local Cor | y contacts 000 or 112 (mobile phone)<br>tacts                              |
| Ambulanc           |  |
| Doctor             | <del></del>  |
| Fire<br>Police     |  |
| SES                |  |
| Injured Wi<br>RACV | dlife 0417 380 687 (or RACV)<br>13 11 11                                   |
| Emergen            | y procedure  |
| _                  |  |
| _                  |  |
| • –                |  |
| • _                |  |
| •                  |  |
| •                  |  |
| _                  |  |
| _                  |  |
| • _                |  |
| • _                |  |
| •                  |  |
| •                  |  |
| _                  |  |
| • –                |  |
| Has a safe         | ety briefing sheet been prepared for leader/facilitator?                   |
|                    |  |
| Approved           | Host club] FNC SEANA Camp Committee  |
| Date:              | Signed:  |
|                    |  |