****

**EVENT SAFETY PLAN**

**Ministry/Program/Event Application to Proceed**

|  |  |
| --- | --- |
| Ministry/Program/Event:  |       |
| Location:  |       |
| Time:  |       |
| Ministry Leader Name:  |       |
| Contact Number:  |       |
| First Aid Officer:  |       |
| Safeguarding Representative:  |       |
| Supervision Ratio:  |       |

**For emergencies contact 000**

|  |  |
| --- | --- |
| Local Police:  | 13 14 44 (Rockingham Police)  |
| Local Fire Station:  | 13 33 37 (Rockingham Fire Station) |
| Nearest Hospital(s):  | Rockingham Hospital |
| Hospital Address:  | Elanora Dr, Cooloongup. |

**Leadership Details:**

List the leader’s details availabilities for this ministry/program/event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Leader’s Name  | Contact Number:  | Availabilities:  | WWCC: (Yes/No)  | Safe Guarding Training Completed (Yes/No)  |
| *Eg. Joe Bloggs*  | *0400 000 000*  | *One hour* | *Yes*  | *Yes*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Additional leaders can be attached separately.*

**Program Overview/Running Sheet:**

|  |
| --- |
|       |

**Risk Assessment:**

1. **Physical Environment:**

Potential Hazards: *(e.g. roads, car park area, steps and stairs, uneven surfaces, windows, balconies, landings, gates and doors, walls and fences, low ceilings, cupboards that are high to reach or that are very low, slippery floors, ponds, rivers, canals, possible asbestos, hazardous litter, seasonal changes to physical environment)*

|  |
| --- |
|       |

Who is at risk?

|  |
| --- |
|       |

Existing control measures:

|  |
| --- |
|       |

Risk Rating: 1-5 (where 1 = low risk and 5 = very high risk

Preventative Measures:

|  |
| --- |
|       |

Responsible Person(s)

|  |
| --- |
|       |

1. **Activities:**

Potential Hazards: *(e.g. indoor and outdoor activities, messy activities, active movement, cleaning and cooking, transport, activities involving water, heavy lifting, leaving your usual venue to go on a trip or receiving visitors)*

|  |
| --- |
|       |

Who is at risk?

|  |
| --- |
|       |

Existing control measures:

|  |
| --- |
|       |

Risk Rating: 1-5 (where 1 = low risk and 5 = very high risk

Preventative Measures:

|  |
| --- |
|       |

Responsible Person(s)

|  |
| --- |
|       |

1. **Equipment:**

Potential Hazards: *(e.g. children’s large play or climbing equipment, children’s toys, office equipment, electrical equipment.)*

|  |
| --- |
|       |

Who is at risk?

|  |
| --- |
|       |

Existing control measures:

|  |
| --- |
|       |

Risk Rating: 1-5 (where 1 = low risk and 5 = very high risk

Preventative Measures:

|  |
| --- |
|       |

Responsible Person(s)

|  |
| --- |
|       |

|  |
| --- |
| **Approval requested by:**  |
| Position/Role:       |
| Date:       |  |