

# RAINEY COLLINS L A W Y E R S

## 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



# RAINEY COLLINS LAWYERS

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RAINEY COLLINS LAWYERS – 0800 733 424

Group Members Requiring Special Consideration:

Health:

Other: e.g. permits required  Qualified assistance needed (electrician, plumber, etc)  Name: .....  
 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"/>		

