

FORM N – Outdoor Events Checklist

The following Checklist is intended to provide general information to assist in managing and minimising the risks associated with organising and conducting an outdoor event. This is not an exhaustive checklist of all possible controls.

When going through the checklist if you answer 'no', further investigation of the risk and possible control measures should be determined and implemented.

| Work Procedures | Y | N | N/A | If No, actions required | Date |
|---|---|---|-----|-------------------------|------|
| 1. Are there processes in place for outdoor events or working bees whereby duty of care to paid workers & volunteers is demonstrated? e.g. safe work procedures, instructions, supervision? | | | | | / / |
| 2. Has an on-site person been appointed in charge of planning, organising and overseeing activities? | | | | | / / |
| 3. Have manual handling tasks been assessed? | | | | | / / |
| 4. Have any incidents from similar working bees etc. been reviewed? | | | | | / / |
| 5. If amusement devices are used in fetes, is the checklist on amusement devices available and accessed? | | | | | / / |
| 6. Have names of volunteers been entered into the Volunteer register? | | | | | |
| 7. Are first aid procedures in place? | | | | | |
| Safety | | | | | |
| 1. Is all equipment in safe and serviceable condition? | | | | | |
| 2. Is all equipment regularly maintained? | | | | | |
| Training/Supervision | | | | | |
| 1. Is training carried out as necessary and tools or apparatus used only by competent, trained operators? | | | | | |
| 2. Has a supervisor been allocated to be responsible for safe work practices? | | | | | |
| 3. Do all participants understand the task and their role? | | | | | |
| 4. All workers received manual handling instruction, where necessary? | | | | | |

Work Health & Safety (WHS)

| Personal Protective Equipment (PPE) | Y | N | N/A | If No, actions required | Date |
|--|---|---|-----|-------------------------|------|
| 1. Is PPE available for all work (eg. safety glasses, clothing, masks, hearing protection, gloves, footwear and sunscreen?) | | | | | / / |
| Risk Identification | | | | | |
| 1. Have the following potential risks been investigated, identified and actioned? <ul style="list-style-type: none"> • Noise? • Dust? • Rough or uneven ground? • Slippery or uneven floors? • Cluttered areas? • Unsafe or poorly maintained power tools? • Unsafe or incorrect use of equipment and chemicals? • Unsafe work procedures? | | | | | / / |
| Additional Comments | | | | | |
| | | | | | |
| Name | | | | Date | |
| Signature | | | | | |