

APPENDIX 1

AQUATIC ACTIVITY RISK CHECK AND MANAGEMENT FORM

ACTIVITY INFORMATION	
Activity type/name:	
Venue/Beach:	
Date:	/ /
Time:	AM / PM
Number of participants:	

RISK ASSESSMENT		
<p>As a minimum, the following factors must be assessed when determining water safety:</p> <ul style="list-style-type: none"> ▪ Surf conditions ▪ Weather conditions ▪ Skill level of participants ▪ Number of participants ▪ Other location specific hazards 		
Potential Risk: (Please tick if risk has been identified)	Specific Details:	Comments: (Include comments for all identified risks)
Dangerous surf	✓ / ✗	Wave height <input type="checkbox"/> Wave type <input type="checkbox"/> Water depth <input type="checkbox"/> Tide and current <input type="checkbox"/>
Bad weather	✓ / ✗	Wind <input type="checkbox"/> Temperature <input type="checkbox"/> Storms <input type="checkbox"/>
Skill level	✓ / ✗	No level of skill <input type="checkbox"/> Limited level of skill <input type="checkbox"/> Mixed level of skill <input type="checkbox"/>
Many participants	✓ / ✗	40-59 <input type="checkbox"/> 60-99 <input type="checkbox"/> 100+ <input type="checkbox"/>
Other hazards	✓ / ✗	Stingers <input type="checkbox"/> Sharks/crocodiles <input type="checkbox"/> Exposed rocks <input type="checkbox"/> Jetty/wharf <input type="checkbox"/> Debris/pollution <input type="checkbox"/>

RISK MANAGEMENT

Please tick the action undertaken to minimise risk		Comments: (Include comments for all items ticked)
Modify activity	✓ / ✗	
Move activity	✓ / ✗	
Delay activity	✓ / ✗	
Cancel activity	✓ / ✗	
Increasing the number of water safety and rescue equipment	✓ / ✗	
Personal protective equipment	✓ / ✗	
Surf Helmet	✓ / ✗	
Other (Please state)	✓ / ✗	

WATER SAFETY SUPERVISOR INFORMATION

Name:		
Signature:		Date: