

Event Health & Safety Plan

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Event Health, Safety & Wellbeing Policy

Event Name: _____

Date: _____

Location: _____

[Event organiser] recognises their responsibility to protect the health, safety and wellbeing of all people directly associated with the event, including members of the public, whether attending the event or not.

We are committed to providing a safe environment for everyone to the best of our abilities. The details as set out in this event specific Health and Safety Plan meet the requirements of the Health and Safety at Work Act 2015, and other related legislation.

We confirm that the following requirements are part of this plan:

- A process is in place for the identification, assessment and control of risks and hazards;
- The control measures aim to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our operations;
- An ongoing and systematic monitoring and review of control measures for risks/hazards has been established at intervals which are appropriate to this event;
- Health and safety responsibilities are clearly assigned to a designated person/s;
- A process to consult, coordinate and cooperate with all contractors has been established to ensure that all work activities are done safely;
- An accident, incident and near miss recording and reporting system has been developed and kept on site;
- All participants at the event possess the necessary knowledge, skills and training to enable them to perform their job adequately;
- The event location will be inspected by the designated health and safety person/s to ensure the venue is safe before allowing the public to enter the site/venue;
- We have developed an overall emergency management plan which takes into consideration the event location, pack in and pack out, event activities and any special procedures or instructions that may be required.

Signature: _____

Date: _____

Printed Name: _____

Event Details

Event Name:

Event Location: (name of park/beach/public building/road etc)

Event Dates & Times:

Note – if this is a maritime event include set up and pack down times required on water

Start Date:

End Date:

Start Time:

End Time:

Pack In Date:

Pack Out Date:

Pack In Time:

Pack Out Time:

Event Organiser:

Contact Name:

Mobile:

Postal Address:

Phone:

Email:

Auckland Council Event Facilitator:

Name:

Email:

Phone:

Event Description:

(Briefly outline the nature and scope of the event, including type of patrons, expected attendance numbers and activities that will occur on the site)

Event Details

Participants & Spectators	Yes	No	Expected Numbers
Participants (actively participating at event)			
Spectators (not actively participating at event)			
Employees			
Contractors (eg sound, lighting, staging etc)			
Volunteers			
Food or Trading Vendors			

Other Contributory Factors	Yes	No	If 'yes' refer to guidelines
Presence of alcohol			1.10 Security procedures
Involvement of children/vulnerable persons			1.16 Lost children/vulnerable persons
Involvement of animals			1.13 Animals
Traffic management			1.11 Traffic management
Significant impacts/hazards			1.12 Other significant hazards or impacts
Special effects			1.14 Special effects
Temporary structures			1.7 Temporary structures
Ground penetrations			1.8 Ground penetrations
Pyrotechnics/fireworks			1.14 Special effects
Use of liquefied petroleum gas (LPG)			1.9 LPG
Specialist procedures/training/knowledge or contractors			HS262, HS263
Maritime event			1.15 Maritime Events
Use of drones			1.17 Drones
Does your event/activity fall under the Health & Safety at Work Adventure Activities Regulations 2016			1.16 Adventure Activities
If yes, please provide a copy of your current registration as a Certified Adventure Activity operator			

Key Responsibilities & Contact Details

Responsibility	Name	Number	Organisation
Event Manager			
Site Manager			
Stage Manager			
Designated H&S Person			
First Aid			
Emergency Control			
Emergency Services Liaison			
Security			
Traffic Management			
Waste Management			
Lost Children/Vulnerable Persons			
Animal Welfare			
Media/Communications			
Volunteer Management			

Contractor Contact Details

Responsibility	Name	Number	Organisation
Alcohol Management			
Amusement Devices			
Animal Welfare			
Bouncy Castles			
Crowd Control Barriers			
Drones/UAVs			
Electrical			
First Aid			
Fire Safety			
Food/Trading Vendors			
Generators			
Lighting			
LPG Gas Supply			
Parking Management			
Performers			
Portable Toilets			
Pyrotechnics/Fireworks			
Security/Crowd Control			
Sound			
Special effects (e.g. lasers)			
Staging			
Stage Management			
Temporary Structures			
Traffic Management			
Waste Management			

Risk Control Plan

Assessing Risk

Risk is the potential threat to anything you wish to achieve. Assessing risks helps you to plan for either eliminating or minimising harm.

Two criteria can be used to assess risk, these are:

1. The likelihood of an incident occurring; and
2. The consequence if it does occur

The following table provides a guide to assist you in completing your risk assessment of identified risks and how you will control these (your Risk Control Plan)

Likelihood	Hint	Consequence	Hint
Rare	Once every 10 years or never heard of it happening	Less than minor	Minor injury, first aid not required
Unlikely	Event will seldom occur, i.e. every 2 years	Minor	First aid or minor treatment
Possible	Event will intermittently occur, i.e. annually	Moderate	Medical treatment required
Likely	Event will occur in most circumstances, i.e. monthly	Major	Serious harm, e.g. broken bones or hospitalisation
Almost certain	Event expected to occur in most circumstances, i.e. daily	Extreme	Loss of life, multiple serious harm, permanent severe disability

Once the likelihood and consequence have been decided a risk score or rating should be calculated.

Likelihood	Risk Score	Consequence	Risk Score
Rare	1	Less than minor	1
Unlikely	2	Minor	2
Possible	3	Moderate	3
Likely	4	Major	4
Almost certain	5	Extreme	5

The product of multiplication gives us a risk category as follows:

0.1 – 3	Low	While control issues may still exist at this level the impact will be low
4 – 7	Moderate	This level of risk is still considered unacceptable in certain circumstances
8 – 14	High	Requires attention with a degree of priority, Remedial action should be identified and implementation commenced.
15 - 20	Critical	This level of risk also requires immediate attention and should not proceed without clear and timely action plans to reduce risk
21 - 25	Extreme	Do not proceed with any risk at this level without specialist assistance including development of contingency plans or risk transfer strategies

Risk Identification and Control

Pack In/Pack Out
(moving vehicles, work at heights, first aid, etc)

Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Electrical, Sound & Lighting
(isolation, tripping hazards etc)

Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Staging & Temporary Structures
(stage access, ground stability, scaffolding etc)

Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Hazardous or High Risk Works (working at height, confined spaces, heavy lifting, use of scissor lifts or elevated work platforms, scaffolding over 5 metres etc)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when
Mechanical Devices & Bouncy Castles (rides, equipment and bouncy castles etc)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when
Environmental Hazards (weather such as UV, wind, rain, tidal conditions etc)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Drones or UAV's (drones or remote controlled devices etc)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when
Special Effects & Fireworks (fireworks, laser lights, smoke machines, strobe lighting etc)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when
Site Specific Hazards Identified by Community Facilities (any site specific hazards identified by Community Facilities through the facilitation process as being applicable to your activity)					
Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Other
 (any additional hazards that have been identified but do not fall under any other category, e.g. alcohol, animals, parade floats, LPG gas, naked flames, night work, ezi-up's etc)

Risk/Hazard	Person affected/location	Risk rating before control measures	Risk control measures	Risk rating after control measures	Whom, by when

Emergency Plan

Please provide details (or attach information) which outlines how you will deal with any emergency situation which may arise during the event. This will include what you will consider an emergency, how staff and public will know what to do, the location of emergency access/egress points (on your site map), emergency control point, evacuation routes, evacuation assembly points, location of first aid services, fire extinguishers/blankets, and details of nearest hospital or medical centre.

Command, Control and Communication

Please provide information on how you will be responsible for managing communication on your site and how you intend to relay information and messages to the public if the event of an emergency)

Lost Children/Vulnerable Persons

Please provide information on how you will deal with lost children or vulnerable persons at your event. Your information should include the designated location of your lost children point (on your site map), who will manage the lost children point and what protocols you will have in place to reunite lost children with their caregivers.

Reporting of Accidents, Incidents and Near Misses

Please provide information on your processes for recording and reporting accidents, incidents and near misses at your event.

MISSING or FOUND CHILD REPORT FORM

EVENT DETAILS

Name of event:

Time & date child was reported
lost/ found:

DETAILS OF LOST/FOUND CHILD

Name:

Alternate name:
(If any)

Age:

Sex:

Description of child:

(build, hair colour, eye colour,
distinguishing marks etc)

Clothing:

Outer clothing: _____

Shirt/sweater: _____

Trousers/skirt: _____

Headwear: _____

Gloves: _____

Footwear: _____

Personal Possessions:
Eg bag/toy etc: _____

Jewellery: _____

DETAILS OF PERSON REPORTING MISSING CHILD	
Name:	
Home address: (or name of Organisation)	
Post code:	
Contact Phone No:	
Relationship to missing child:	
Other relevant information:	
ACTION	
Details of action taken to find child/parent/guardian:	
DETAILS OF PERSON CLAIMING CHILD	
Name:	
Address:	
Post code:	
Contact Phone No:	
Form of ID shown:	
Relationship to child:	
Time child reunited with parent/guardian:	
Signature of person claiming child:	
Signature of lost children representative:	
Time and Date:	

ACCIDENT INVESTIGATION FORM

Name of organisation:

Unit/department:

1. Particulars of Accident

Date of accident: DD / MM / YEAR

Time:

Location:

Date reported: DD / MM / YEAR

2. The Injured Person

Name:

Address:

Date of birth: DD / MM / YEAR

Phone number:

Length of employment – at plant: on job:

Type of Injury:

- Bruising Dislocation Strain/sprain
 Scratch/abrasion Internal Fracture
 Amputation Foreign body Laceration/cut
 Burn/scald Chemical reaction
 Other: (specify injured part of body)

Comments:

3. Damaged Property

Property or material damaged:

Nature of damage:

Object/substance causing damage:

4. The Accident

Description:

Describe what happened.

If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.

Analysis:

What caused the accident?

How serious could it have been?

Minor Serious Very serious

How often is this likely to happen again?

Never Rarely Occasionally Often

Prevention:

What action has or will be taken to stop another accident like this happening?

Tick items already actioned.

Write below if you need more space.

ACTION	TICK	BY WHOM	WHEN

5. Treatment and Investigation of Accident

Type of treatment given:

Name of person giving first aid:

Doctor/Hospital:

Accident investigated by:

Date: DD / MM / YEAR

WorkSafe advised: Yes No

Date: DD / MM / YEAR

WHAT HARM COULD HAVE HAPPENED?

STEPS TAKEN TO PREVENT A SIMILAR EVENT HAPPENING AGAIN

SPECIFIC ACTIONS REQUIRED	PERSON RESPONSIBLE	BY WHEN	DATE COMPLETED

INITIAL NEEDS ASSESSMENT (ONLY COMPLETE IF A DOCTOR'S VISIT WAS REQUIRED)

<input type="radio"/> Able to continue full duties	<input type="radio"/> Able to do light duties	<input type="radio"/> Unable to work
<input type="radio"/> Help available at home	<input type="radio"/> Assistance required at home	<input type="radio"/> Transport assistance needed

Form completed by

NAME:	POSITION:
SIGNED:	DATE FORM WAS COMPLETED:

Notification of accident or incident involving amusement device

Amusement Devices Regulations 1978

Email: healthandsafetynotification@worksafe.govt.nz

Post: WorkSafe New Zealand, PO Box 165, Wellington 6140

To the inspector of machinery, the: (appropriate local authority)

Notice is hereby given of the following accident/incident involving an amusement device

Registration number of device:

Name and description of device:

Location of device at time of accident/incident:

Details of all persons injured (if any), together with brief description of injuries:

Name and address of person in charge of device at time of accident/incident:

Signature:

Date: DD / MM / YEAR