

## 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			
As a minimum, the following factors must be assessed when determining water safety: <ul style="list-style-type: none"> <li>Surf conditions</li> <li>Weather conditions</li> <li>Skill level of participants</li> <li>Number of participants</li> <li>Other location specific hazards</li> </ul>			
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: