

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:

- 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: