



COMMUNITY EVENTS HAZARD INSPECTION CHECKLIST

**SAFETY IS
NO ACCIDENT**

LOCATION OF INSPECTION

Inspected By (1) (2)
PRINT PRINT

Signature (1) (2)

Date of Inspection / / Time / / AM/PM

PURPOSE:

The purpose of this document is to provide guidelines for the identification of Hazards and Risks in the workplace in line with procedures WHS WP 2.2.1.

DEFINITION:

Hazard: A hazard is a source of potential harm or a situation with the potential to cause loss.

Risk: A chance that an event will occur which will result in personal injury or loss to the Council.

RISK ASSESSMENT CALCULATOR

RISK CALCULATOR					
Likelihood	Consequence				
	Insignificant No injury, no-low \$ cost	Minor First aid treatment, low-medium \$ cost	Moderate Medical treatment, medium- high \$ cost	Major Serious injuries, major \$ cost	Catastrophic Death, huge \$ cost
Almost Certain Expected to occur at most times	H	H	E	E	E
Likely Will probably occur at most times	M	H	H	E	E
Possible Might occur at some time	L	M	H	E	E
Unlikely Could occur at some time	L	L	M	H	E
Rare May occur in rare conditions	L	L	M	H	E

INSPECTION PROCEDURES:

Code: E – Extreme Risk, H – High Risk, M – Moderate risk, L – Low risk

- Use this checklist to inspect for hazards at Council's Community Events regularly.
- HSRs, Supervisors and Managers are to inspect for hazards as per the "Hazard Inspection Matrix".
- For any 'N' ticked, conduct a risk assessment using the 'Risk Assessment Calculator' and write down the risk level on the checklist. (Any code **E or H** risks must be immediately reported to the Manager and WHS Advisor so a formal, documented risk assessment may be conducted).
- Add up all the boxes ticked "NO" and the number of each different risk level and indicate in the table at the end of the checklist.
- When completed, transfer all hazards that can't be rectified immediately to the attached 'Rectification Action Plan' (RAP).
- Forward this checklist and the RAP to the Supervisor for further action (if required) and sign-off.
Note: When recommending control / corrective actions, always consider both short term and long-term control options.
- Always conduct a risk assessment before any controls are implemented and a risk assessment after the controls are implemented to ensure the risk has been reduced.

NOTE: All questions should be answered by marking the appropriate column with a (✓)
(Y) = Yes (N) = No (NA) = Not Applicable

No:	Items to check	Y	N	NA	Risk	Comment
1. Access and Egress						
1	Are all Entry / Exit areas clear and accessible for staff and expected attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Do all Entry / Exit area have adequate areas for emergency exit and emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are thoroughfares well defined and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Emergency Evacuation						
1	Are written procedures/plans in place and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are assembly areas allocated and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are current site maps available to all staff, emergency services and other relevant parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are warning systems clear (audible) in all areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. First Aid						
1	Are there sufficient first aid kits available at the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is a first aid sign displayed above the kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are first aid stations suitably located, clearly signed and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there good means of communication provided between event personnel and first aid stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are the first aid facilities suitable for the type of event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Are first aid kits checked and current? Date of last check (__/20__)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there trained first aid officer/s available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are all injuries reported and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(Ensure Incident Report Forms are available).
10	Is a sharps kit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fire Prevention						
1	Are inspection tests up to date for: (every 6 months) Inspected fire extinguishers? <input type="checkbox"/> Fire extinguishers? Date of last test (__/20__) <input type="checkbox"/> Hose Reels? Date of last test (__/20__)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(Check some tags)
2	Are all fire extinguishers accessible, clear from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Have personnel been trained in extinguisher / fire blanket use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are all staff and volunteers aware of the fire evacuation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Signage						
1	Are relevant signs displayed near equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there adequate signage for entries, exits and toilet facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are signs in good condition (not faded)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are sufficient signs in use – internally and externally including: <input type="checkbox"/> Information signs (first aid, general signage)? <input type="checkbox"/> Danger signs? <input type="checkbox"/> Mandatory signs (footwear)? <input type="checkbox"/> No smoking near chemicals? <input type="checkbox"/> Hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are out of service / danger tags available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No:	Items to check	Y	N	NA	Risk	Comment
6. Traffic Flow						
1	Are there clearly defined areas for traffic (separate from pedestrians)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there provision for safe passage of emergency / other vehicles through pedestrian traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is there controlled traffic flow and adequate signage for traffic erected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(Check some signage)
4	Do the Traffic Management stewards / marshals wear appropriate PPE and carry communication devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are there adequate parking areas to cater for the expected vehicle numbers attending the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there adequate parking supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there a requirement for trained traffic management staff and are traffic management staff positioned in the correct location as planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is there to be a road closure? If so, have the necessary permits and traffic management plans been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	If working on or near a road or railway, has a Safe Work Method Statement (SWMS) been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Amenities						
1	Is there adequate provision of toilets and hand washing facilities? (Recommended: One closet fixture for every 200 female patrons. One closet fixture/urinal for every 200 male patrons, one wash basin for every 200 patrons and for disabled persons, one unisex accessible facility for every 100 closet fixtures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are toilet and hand washing facilities cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there clean drinking water available for staff and attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are there adequate catering facilities for food preparation and clean up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Maintenance						
1	Are qualified and competent personnel available to undertake maintenance / repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Do the maintenance personnel have the means of communicating with the Event Coordinator? i.e. two-way radio or mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are records kept of any maintenance undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Electrical / Generators						
1	Is electrical equipment tested and tagged? Specify the date of the last test (__/20__)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are Residual Current Devices (RCDs) in use and manually tested to ensure correct operation? Date of test (__/20__)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are correct power boards used (no double adaptors or piggy back plugs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is clear access provided to switchboards (1 m)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are there any damaged light switches, fittings or power points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are all portable electrical equipment including leads tested and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there adequate protection of the public from electric shock and any trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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No:	Items to check	Y	N	NA	Risk	Comment
8	Are all electrical leads / equipment placed in safe locations?, e.g. not in a tree or on top of unstable surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are all leads / plugs protected from the weather and hazards such as water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are generators placed in a safe location and isolated from the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Fencing						
1	Is the fence climb resistant (for children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the fencing in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all gates inspected on a regular basis to ensure they close properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Permits, Licensing and Registration						
1	Are fireworks provided by licensed pyrotechnicians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are mobile plant operators (cranes, forklifts, etc) licensed or certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Has a Liquor Management Plan been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Has a Food Safety Plan been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is a Police / Council Permit required for road events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is a QFRS permit required for fireworks? (check for Total Fire Ban)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is a permit required for Place of Public Entertainment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Have all contractors produced their Risk Assessments / Job Safety Analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Utilities / Site Services						
1	Have all site underground services (power/gas/mains) and overhead power lines been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Do the relevant personnel have maps identifying the site underground and overhead services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Have the unsafe areas been communicated to the Event Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Staging, Platforms and Marquees						
1	Have all stages been erected and signed off by qualified personnel (rigger/scaffolder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there a plan in place to monitor platforms and scaffolding continuously, particularly in extreme weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is there adequate access and egress around all staging and platforms for event patrons and emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there adequate isolation or segregation of the public from all platforms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is there a risk of impalement from marquee pegs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Working at Heights						
1	Are all ladders well maintained and suitable for work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(Use commercial rated ladders only)
2	When using a ladder is there assistance available from a second person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Is the equipment fit for purpose? i.e. ladder, cherrypicker, scissorlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No:	Items to check	Y	N	NA	Risk	Comment
4	If working above 2.0 metres or more, has a Safe Work Method Statement (SWMS) been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Manual Handling						
1	Are all staff and volunteers trained to use safe lifting techniques when lifting or carrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	When delivering loads by vehicle or mechanical means (e.g. trolley), is access as close as possible to the relevant area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Amusement Structures (including inflatable structures)						
1	Has the supplier / contractor provided evidence that the amusement structure meets the Australian Standards and has a current certificate of registration as well as evidence of electrical safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Has the supplier / contractor provided evidence of insurance (Certificate of Currency)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Has adequate space and suitable ground surface been provided for each fixture, including access and egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there appropriate fencing or barricading surrounding each ride?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is there sufficient signage for parent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there appropriate soft fall area for inflatable structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Has a thorough check of inflatable structures and accessories been carried out prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Have all tie down ropes that are attached to inflatable structures been fastened to adequate anchorages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Do operators of inflatable structures regularly monitor prevailing wind conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Liquid Petroleum Gas (LPG) and Heaters						
1	Where possible, have small gas cylinders been used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have the LPG cylinders been secured to increase stability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all of the LPG cylinders clear of ignition sources and located in well ventilated areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Have all of the LPG cylinders been checked that they have not exceeded 10 years of the stamped test date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Weather Conditions						
1	Have weather conditions been planned for and monitored, e.g. non-slip mats, shade, sunscreen and drinking water available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(Check the Australian Bureau of Meteorology website www.bom.gov.au)
2	Are wind speeds monitored? (Amusement structures should cease operation in accordance with the manufacturer's specification - inflatable structures must cease operation when wind speed reaches 40km per hour).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Personal Protective Equipment (PPE)						
1	Have all staff and volunteers been supplied with the correct PPE for the task to be undertaken, i.e. gloves, aprons, earplugs, waterproof jackets, closed-toe shoes, broad-brimmed hat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have personnel been trained in using, maintaining and storing PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Security						
1	Has the appropriate security been employed for the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

No:	Items to check	Y	N	NA	Risk	Comment
2	Has cash handling procedures been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Accessibility						
1	Is parking available close to the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the event easily accessible, i.e. for patrons in wheelchairs, with prams, using walking aids, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are the entry and exits easily accessible, i.e. for patrons in wheelchairs, with prams, using walking aids, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are ramps in place to provide access into buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Animal Parading / Showing						
1	Are relevant areas roped off to keep patron distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there adequate signage advising patrons not to enter the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are only competent handlers allowed to enter the areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there a supervisor located inside the area with effective means of communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Rubbish Removal / Disposal						
1	Are there sufficient bins (rubbish and recycling) available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are the bins located in appropriate areas and is there regular rubbish collection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Pre-event Meeting						
1	Has a pre-event meeting been held with the organisers and other stakeholders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Have all stakeholders been inducted and signed off on the Event Safety Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. Other Items						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Collation						
<i>Add up all the boxes ticked "NO" and the number of each different risk level</i>						
"No"						
E		H		M		L
						Not Assessed

When completed, transfer all hazards that can't be rectified immediately to the attached 'Rectification Action Plan' (RAP).

Forward this checklist and the RAP to the Supervisor for further action (if required) and sign-off.

Name:	Signature:	Date:
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Comments

(Supervisor to discuss the checklist and RAP with his/her staff at next toolbox talk or team meeting.) (Forward the checklist and RAP to your Manager for further action (if required) and sign-off)

Manager

Name:	Signature:	Date:
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Comments

(Forward the checklist and RAP to the WHS Advisor for further action (if required) and sign-off.)

WHS Advisor

Name:	Signature:	Date:
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Comments

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The WHS Advisor is to table the RAP at the WHS Committee meeting.

The WHS Committee is to discuss the control / corrective actions (if necessary) and monitor if the RAP has been effectively actioned, verified and signed off.

COMMUNITY EVENT Rectification Action Plan (RAP)

No.	Hazard / Non-Compliance	Risk Level before Control	Control / Corrective Action <i>Short or Long Term Control Indicate ST/LT</i>	Control Hierarchy Method	Risk Level after Control	Officer Responsible	Proposed Completion Date	Actual Completion Date	Verified By (Signature)

Authorised Person Signature _____

Date __/__/____