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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event name:** |  | | | **Event Manager:** | |  | | **Event date:** | /    / |
| **Event Management Team Members:** | | |  | | | | | | |
|  | | | | | | | | | |
| **Venue & Location:** | |  | | | | | **Date of risk assessment:** | | /    / |
| **Person(s) Who Conducted this Risk Assessment** *(names)***:** | | | | |  | | | | |
|  | | | | |  | | | | |

When staging an event the organiser of the event has two areas of responsibility where they have a legislated duty of care for health and safety in relation to the event, they are:

* *Insert Organisations Name here* workers, volunteers and other PCBU’s providing services for the event.
* Persons (members of the public) attending the event.

While the two are somewhat interrelated this risk assessment primarily deals with persons directly under the control of the event organiser to plan, setup, supervise and pack-up an event. For the sake of this risk assessment they are considered as a worker or volunteer of council.

Contract/service providers, stall holders and the general public are covered by other council procedures that an organiser of an event should also be following.

This Risk Assessment must be conducted as part of the initial planning of an event and prior to any event activity commencing. Procedure **PRXXX**, Hazard Management describes *Insert Organisations Name here* WHS risk process and must be followed when undertaking this risk assessment.

This risk assessment is based on a Task Risk Assessment that determined all the hazards associated with an event. The hazards identified in **RAXXX** are represented by tick boxes in this document allowing the user to quickly select those relevant to the event. This document also provides for free text entry should a hazard not be included as tick box selection.

All hazards that could put workers/volunteers at risk of injury must be identified and adequate measures must be put in place to control the hazards. The hierarchy of Controls must be follow to determine the control that will best minimise the risk to workers/volunteers health and safety.

The level of risk to workers/volunteers must be rated before and after controls have been put in place. The following table shall be followed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Consequence** | | | | |
|  |
|  | *Negligible Injury – First aid treatment* | *Minor Injury – Injury requiring medical treatment* | *Moderate Injury – Injury requiring extensive medical treatment* | *Major Injury – Injury resulting in permanent incapacitation* | *Catastrophic Injury – Injuries resulting in single or multiple deaths* |
| **Likelihood** | *Negligible or no quality damage/impact* | *Minor quality damage/impact* | *Significant quality damage/impact* | *Major quality damage/impact* | *Extensive quality damage & loss* |
| Almost Certain | 11  Medium | 16  High | 20  High | 23  Extreme | 25  Extreme |
| Likely | 7  Medium | 12  Medium | 17  High | 21  High | 24  Extreme |
| Possible | 4  Low | 8  Medium | 13  Medium | 18  High | 22  High |
| Unlikely | 2  Low | 5  Low | 9  Medium | 14  Medium | 19  High |
| Very Unlikely | 1  Low | 3  Low | 6  Low | 10  Medium | 15  High |

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| --- | --- |
| **The hierarchy of controls must be applied when deciding the “Control Changes Recommended”**  **i.e. ELIMINATION, SUBSTITUTION, ISOLATION, ENGINEERING, ADMINISTRATIVE, PPE.** |  |

| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | **Final Rating**  **1-25** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Infectious Disease**   *(If “****NO****” no further action is required)* | |  |  | | Planning | **Cleaning that includes any of the following: -** | |  |  | Staff/volunteers will be provided with appropriate instruction of the infection sources they may encounter and the expectation on how work/tasks is to be carried out. | | |  |  |  |
|  | |  |  | |  | * Amenities | |  |  |  | | |  |  |  |
|  | |  |  | |  | * Human blood and excrement | |  |  |  | | |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | * Rubbish and waste collection | |  |  | Appropriate instruction and training that demonstrates of practices to prevent infection from the workplace will be provided. | | |  |  |  |
|  | | | | |  | * Site surroundings | |  |  |  | | |  |  |  |
| Name: |  | | |  |  | **Please specify and rate other event activities not covered above, below: -** | |  |  |  | | |  |  |  |
|  | | | | | Event |  | |  |  | Staff/volunteers exposed to infectious disease will be inducted, provided with details of likely exposure and the expectation on how they will work to prevent infection. | | |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  | | |  |  |  |
|  | | | | |  |  |  |  |  |  | | |  |  |  |
|  | | | | | Pack up |  |  |  |  | The following PPE will be supplied *(X applicable)*:-   * Mask * Gloves * Clothing * Other  *(Please detail below)* | | |  |  |  |
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|  | | | | |  |  |  |  |  |  | Details: |  |  |  |  |
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|  | | | | |  |  |  |  |  | The following tools/equipment will be provided. | | |  |  |  |
|  | | | | |  |  |  |  |  |  | Details: |  |  |  |  |
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|  | | | | |  |  |  |  |  | Provision for vaccination of council workers and volunteers to prevent them contracting an infection. | | |  |  |  |
|  | | | | |  |  | |  |  |  | | |  |  |  |

| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Manual Tasks** | |  |  | | Planning | **Setting up/moving, any of the following: -** | |  |  | Staff/volunteers exposed to manual handling tasks will receive instruction detailing the manual tasks they will encounter and the expectation on how they are to be carried out. |  |  |  |
| *(If “****NO****” no further action is required)* | |  |  | |  | * equipment | |  |  |
|  | |  |  | |  | * furniture | |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | * materials | |  |  | Staff and volunteers that have not received manual handling training in the past or it is not considered by the Event Manager to be current will be provided appropriate instruction and demonstration in accepted manual handling practices. |  |  |  |
|  | * displays | |  |  |  |  |  |
| Name: |  | | |  |  | * trestles | |  |  |  |  |  |
|  | | | | | Event | * food & drinks | |  |  |  |  |  |
| Notes/Comments: | | | | |  | * stages/stage equipment | |  |  |  |  |  |
|  | * lighting equipment | |  |  | Any workers member/volunteer assisting external contractors/stall holders will be provided with appropriate instruction by the contractor/stall holder prior to assistance being provided. |  |  |  |
| Pack up | * loading unloading vehicles& trollies | |  |  |  |  |  |
|  | Assisting Contractors setting up | |  |  |  |  |  |
|  | Assisting Stall holders setting up | |  |  | Where a contractor/stall holder is not able to or the Event Manager considers that the contractor does not have the skill to induct Council workers/volunteers assistance will be provided. |  |  |  |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | | **Final Rating**  **1-25** |
| 1. **Workplace Design / Layout**   *(If “****NO****” no further action is required)* | |  |  | | Planning | **Office role involving: -** | |  |  | Space to work in, workstation ergonomic layout and design and storage requirements will be determined prior to the event and will be “fit for purpose”. |  |  | |  |
|  | * Development of the Event Plan | |  |  |
|  | * Facility bookings | |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | * Materials/Resource ordering | |  |  | Staff/volunteers who work in any of the activities within an event the booth/stall will receive instruction in safe work practices relevant to the work area(s) they will be working in. |  |  | |  |
|  | * Appointment bookings | |  |  |
| Name: |  | | |  |  | * Contractor hiring | |  |  |
|  | | | | | Event | * Stall organisation | |  |  | An inspection and review of computer workstations ergonomics will be carried out by the Event Manager/delegate to determine if any require a full assessment. |  |  | |  |
| Notes/Comments: | | | | |  | * Entertainment bookings | |  |  |
|  | **Working in a Council booth /stall workersed by volunteers and/or workers: -** | |  |  |
| Pack up |  |  | Ergonomic assessments will be carried out for workers/volunteers where one has not been done in the past or the Event Manager/delegate considers one should be undertaken for a workstation. |  |  | |  |
|  | * food stall | |  |  |
|  | * refreshment stall | |  |  |
|  | * information booth | |  |  |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  |  |  |  |  | |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | | **Final Rating**  **1-25** |
| 1. **Burns**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  | |  |  | Staff/volunteers will be instructed in the use of the Kitchen/Tea Station facilities. | | |  |  |  | |
|  | Use of Council Kitchen/Tea Station facilities | |  |  |  |  |  | |
|  |  | |  |  |  |  |  | |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | **Stalls manned by Council Staff or Volunteers that includes: -** | |  |  | Staff/volunteers who work on a booth/stall will receive instruction in the safe systems of work to be employed to prevent burns. | | |  |  |  | |
|  |  |  |  |  |  | |
| Name: |  | | |  |  | * Preparing and cooking and serving hot foods | |  |  |  |  |  | |
|  | | | | | Event | * Cooking chips in deep fryer | |  |  | Barriers or shields will be employed to prevent accidental contact with hot objects such as Barbeques and cooking appliances. | | |  |  |  | |
| Notes/Comments:        Please specify other event activities not covered above below: - | | | | |  | * Cooking a barbeque | |  |  |  |  |  | |
|  | * Preparing hot food in a kitchen area | |  |  |  |  |  | |
| Pack up | * Preparing and serving hot beverages | |  |  |  | The following PPE/safety equipment will be provided for use by workers/volunteers: - |  |  |  |  | |
|  | * Cooking with boiling water (hotdogs etc.) | |  |  |  |  |  | |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  |  |  |  | |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Collapse**   *(If “****NO****” no further action is required)* | |  |  | | Planning | **Council workers/volunteers working on or around: -** | |  |  | Council workers/volunteers will have instruction and training in relation to the erection of any structure they are involved in. | | |  |  |  |
|  | * A stage area | |  |  |
|  | * A marquis | |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | * An amusement structure (climbing wall, jumpy castle, etc) | |  |  | Erection of any structure by council workers/volunteers will be in line with the relevant work instruction. | | |  |  |  |
|  | * Sun shades | |  |  |
| Name: |  | | |  |  | * Trestle table | |  |  |
|  | | | | | Event | * Audience structure (temporary stand) | |  |  | Staff and/or volunteers assisting external contractors/stall holders will be provided with instruction by the contractor/stall holder prior to assistance being provided. | | |  |  |  |
| Notes/Comments: | | | | |  |  | |  |  |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  |
| Pack up |  |  | Where appropriate instruction is not available from a contractor no assistance will be provided by council workers/volunteers. | | |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | To prevent access to unauthorised persons, contractors will be required to set up exclusion zones for the period where work is being undertaken to erect a structure. | | |  |  |  |
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|  |  |  |  |  | Where contractors are providing major services for the event, they will be contracted in line with council’s Contractor Management procedure which will be subject to the safety requirements. | | |  |  |  |
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|  |  |  |  |  | Where contractors are providing minor services for the event they will provide written safe methods for work prior to commencing any work. | | |  |  |  |
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|  |  |  |  |  |  | The following PPE/safety equipment will be provided for use by workers/volunteers: - |  |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Dust / Fumes**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  | | **Fumes** (any activity) |  |  | Power generators will be located in an open area and at a distance from people where the fumes can disperse and not affect them. | | |  |  |  |
|  | * Use of solvents or cleaning fluids | | |  |  |  |  |  |
|  | * Use petrol/diesel power generators | | |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep | * Aerosol painting | | |  |  | Aerosol paint will be used in an open area and at a distance from people where the fumes can disperse and not affect them. | | |  |  |  |
|  | * Fuelling (petrol/diesel) powered devices | | |  |  |  |  |  |
| Name: |  | | |  |  |  |  | |  |  |  |  |  |
|  | | | | | Event |  | **Dust** (any activity) | |  |  | Ventilation equipment will be used where fumes will be in an enclosed area. | | |  |  |  |
| Notes/Comments: | | | | |  | * Disturbed From the surrounding environment | | |  |  |  |  |  |
|  | * Materials being used, worked with | | |  |  | Fuels will be decanted in an open area away from ignition sources. | | |  |  |  |
| Pack up |  |  | |  |  |  |  |  |
|  |  | **Please specify and rate other event activities not covered above, below: -** | |  |  | Fuels will be stored in an open area away from ignition sources. | | |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | |  |  | Areas where dust will be raised by vehicle traffic will be controlled by wetting it down. | | |  |  |  |
|  |  |  | |  |  |  |  |  |
|  |  |  | |  |  | Where practicable, areas where dust will be raised by pedestrian traffic will be controlled with matting or similar dust control method. | | |  |  |  |
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|  |  |  | |  |  |  | The following PPE/safety equipment will be provided for use by workers/volunteers: - |  |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Electric Shock**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  | **All Activities that use equipment power by the mains electrical supply or portable 240 volt power source.** |  |  | Council 240 volt power cables will tested and tagged and the test period will be current throughout the event. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  | * Drilling with power tool |  |  | Residual current devices will be used in conjunction with any mains power electrical device. |  |  |  |
|  |  | * Floor polishing |  |  |  |  |  |
| Name: |  | | |  |  |  | * Vacuum Cleaning |  |  |  |  |  |
|  | | | | | Event |  | **Connecting mains powered devices such as: -** |  |  | Residual current devices will be within the current period. |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  |  |
|  |  | * Refrigeration units |  |  | Safety inspections of all Council electrical equipment to be used by workers and volunteers for preparation/setup and during the event will be visually inspected prior to use by a suitably qualified person. |  |  |  |
| Pack up |  | * Chip cooker |  |  |  |  |  |
|  |  | * Cooling fans |  |  |  |  |  |
|  |  | * Portable lighting |  |  |  |  |  |
|  |  | **Please specify and rate other event activities not covered above, below: -** |  |  | All contractors, stall holders and other persons using equipment powered by mains electricity or a portable 240 volt generator will comply with electrical safety requirements. |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Electrical equipment that is discovered unsafe will not be used for/at the event until it is repaired, tested for compliance and found to meet electrical safety requirements. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Fire/Explosion/Bomb Threat (Emergency Situation)**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  | A documented emergency plan will be in place and is based on the following: -   * venue location * number of people at the event *(from council and attending)* * type of venue * types of emergency situations |  |  |  |
|  |  | An emergency event is possible in almost any activity during the Planning Setup/Preparation for the event, during the event and pack up phases. It is essential that the emergency plan put in place is able to deal with any foreseen emergency event. |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name: |  | | |  |  |  |  |  | Staff/volunteers who work on an event will be be provided with instruction on the plan so they understand what to do should there be an emergency situation. |  |  |  |
|  | | | | | Event |  |  |  |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  |  |  |
|  |  | **Please specify and rate other event activities not covered above, below: -** |  |  | Should an emergency situation arise workers/volunteers have be assigned responsibilities that if safe to do so, they will undertake to ensure the safety of those present in an emergency. |  |  |  |
| Pack up |  |  |  |  |  |  |
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|  |  |  |  |  | An emergency trial will be conducted prior to the event commencing to ensure that the emergency plan is effective. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | A person responsible for coordination of the actions and emergency services and police should an emergency situation arise has been nominated and named in the emergency plan. |  |  |  |
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|  |  |  |  |  | Staff/volunteers are working in a council building and will follow the emergency plan in place. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Staff/volunteers are working in a council building will, if it hasn’t been done in the past or the Event Manager deems it necessary will receive an induction that will include instruction in the emergency plan. |  |  |  |
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|  |  |  |  |  | Emergency First Aid facilities and trained first aid personnel will be available during the event. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **House Keeping**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  | Where council workers/volunteers work in a council run: - |  |  | Staff/volunteers who work in a booth/stall will be instructed in safe work practices relevant to housekeeping. |  |  |  |
|  |  |  |  |  |  |  |
|  |  | * Booth |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  | * Food stall |  |  | Stall/Booth design and storage requirements will be determined prior to the event and will promote good housekeeping from the workers/volunteers working in them. |  |  |  |
|  |  |  |  |  |  |  |  |
| Name: |  | | |  |  |  | Where council workers/volunteers provide : - |  |  |  |  |  |
|  | | | | | Event |  | * Assistance to stall holder |  |  | Stall holders are provided with information via the “Stall Holder” agreement stating that the stall area must be maintained in well-ordered and tidy condition. |  |  |  |
| Notes/Comments: | | | | |  |  | * Contractors |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up |  | Where council workers/volunteers move around the event venue as part of the work they perform. |  |  | Where contractors are providing services for the event, they will be contracted in line with council’s Contractor Management procedure which is be subject to the safety requirements, including housekeeping requirements. |  |  |  |
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|  | **Please specify and rate other event activities not covered above, below: -** | |  |  | Patrols will ensure that litter and rubbish discarded by attendees will be collected and placed where it will not cause a threat to safety. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Inclement Weather &**   **Sun & UV Exposure**  *(If “****NO****” no further action is required)* | |  |  | | Planning |  | Any activity during the event that occurs outdoors and is subject to extremes of weather or subject to high Ultra Violet (UV) radiation levels. |  |  | Sun shades to minimise exposure to UV radiation will be provided to workers/volunteers working in static positions at an event venue. |  |  |  |
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|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  | Sun Screen and protective clothing will be provided and worn by workers/volunteers who need to be mobile around an outdoor event venue. |  |  |  |
|  |  | **Please specify and rate other event activities not covered above, below: -** |  |  |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |
|  | | | | | Event |  |  |  |  | Sun Screen and protective clothing must be worn by workers/volunteers who need to be mobile around an outdoor event venue. |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up |  |  |  |  | Prior to any event activity workers/volunteers who will be exposed to Inclement Weather and Sun & UV who have not previously received instruction in the expectations of Council’s, Inclement Weather and Sun & UV exposure and how to safe guard heir safety will do so. |  |  |  |
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|  |  |  |  |  | The prevailing conditions will be continually monitored by the Event Manager to determine if the Inclement Weather will severely impact the safety and viability of the event and where it is determined against council policy the risk is too high for the to proceed. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Insects / Vermin**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  |  |  |  |  |
|  |  | Any activity during the event that occurs outdoors where workers/volunteers could be exposed to insects/vermin. |  |  | Prior to any event activity the risk to workers/volunteers from insects and vermin will be assessed and noted along with the control measures in the comments section on this page. |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |
|  |  | Any activity during the event that occurs indoors where workers/volunteers could be exposed to insects/vermin. |  |  | Prior to any event activity the Council area responsible for insect/vermin control will be contracted to remove or eradicate vermin from the venue. |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |
|  | | | | | Event |  |  |  |  |  |  |
| Notes/Comments: | | | | |  |  | **Please specify and rate other event activities not covered above, below: -** |  |  | Staff/volunteers will be provided with and required to wear clothing and footwear appropriate to the level of risk. |  |  |  |
|  |  |  |  |  |  |  |
| Pack up |  |  |  |  | Staff/volunteers will be required to wear clothing and footwear appropriate to the level of risk. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Insect repellent will be provide for use by workers/volunteers. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Moving Vehicles / Plant**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  |  |  |  |  |
|  |  | Working/moving in and around the venue areas |  |  | A person will be assigned the task of controlling traffic movements in and around the activities taking place at the event site. |  |  |  |
|  |  | Working/moving on in and around storage areas at the venue or offsite |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |
|  |  | Visiting/attending a provider’s premises |  |  | Separation of traffic and vehicular movements from pedestrian walking areas using barriers and signage. |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |  |
|  | | | | | Event |  | **Please specify and rate other event activities not covered above, below: -** |  |  |  |  |  |
| Notes/Comments: | | | | |  |  |  |  | Provision of hi-visibility clothing to all workers/volunteers working in areas where there will be moving plant/vehicles. |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up |  |  |  |  |  |  |  |
|  |  |  |  |  | The event manager or delegate will ensure that any visit to a provider’s premises includes a site safety induction. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Noise**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  | Assess noise levels and implement controls in line with the hierarchy of controls, such as: | | |  |  |  |
|  |  | Noise generated by plant and equipment in the vicinity of where workers and volunteers are located/working. |  |  |  |  |  |
|  |  |  |  | * Relocation of the source of the noise to reduce the impact on persons in the area. | | |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |
|  |  | Noise generated by plant and equipment being used by workers volunteers to perform activities assigned to them. |  |  | * Reduce exposure to high level noise, e.g. band performance, by rotating workers/volunteers to areas of lesser noise level. | | |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |
|  | | | | | Event |  |  |  |  |  |  |
| Notes/Comments: | | | | |  |  | Noise generated by stall holders, amusements, bands, ancillary devices, etc. as part of the event activities. |  |  | * Provision of personal protective equipment to workers/volunteers affected. | | |  |  |  |
|  |  |  |  |  |  |  |
| Pack up |  |  |  | Review the plant/equipment to be used for suitability and in line with the hierarchy of controls: | | |  |  |  |
|  |  | Noise generated from outside of the event that will impact on workers/volunteers. |  |  |  |  |  |
|  |  |  |  | * Provide workers/volunteers with equipment that has the lowest noise output. | | |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Please specify and rate other event activities not covered above, below: -** |  |  | * Provide instruction and training to workers/volunteers using the equipment | | |  |  |  |
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|  |  |  |  |  |  | The following PPE/safety equipment will be provided for use by workers/volunteers: - |  |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Pedestrians**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  |  |  |  |  |
|  |  | **During setup:**  Where people other than workers/volunteers could be in the area and there safety threatened by vehicle movements and setup activities. |  |  | A person will be assigned the task of controlling traffic and pedestrian movements in and around the activities taking place at the event site. |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |
|  |  |  |  | Separation of traffic and vehicular movements from pedestrian walking areas using barriers and signage. |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |
|  | | | | | Event |  | **During the event:**  Where people other than workers/volunteers could be in the area and there safety threatened by vehicle movements and activities happening at the event. |  |  |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up |  |  |  |  |  |  |  |
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|  |  | **During pack up:**  Where people other than workers/volunteers could be in the area and there safety threatened by vehicle movements and pack up activities. |  |  |  |  |  |  |
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|  |  | **Please specify and rate other event activities not covered above, below: -** |  |  |  |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | | | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Sharps**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  |  | | |  |  |  |
|  |  | **Working on any of the following: -** |  |  | Staff/volunteers will be provided with appropriate information relating to sharps they may encounter and the expectation on how work/tasks is to be carried out. | | |  |  |  |
|  |  | * Cleaning Amenities |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  | * Emptying Rubbish Bins |  |  |  | | |  |  |  |
|  |  | * Preparing the event site/venue |  |  | Staff/volunteers provided with appropriate instruction and training that demonstrates of practices to minimise the risk of needle stick injury in the workplace. | | |  |  |  |
| Name: |  | | |  |  |  |  |  |  |  |  |  |
|  | | | | | Event | **Please specify and rate other event activities not covered above, below: -** | |  |  |  |  |  |
| Notes/Comments: | | | | |  |  |  | The following PPE and equipment will be supplied *(X applicable)*:-   * Sharps kit * Gloves * Can grabber * Other  *(Please detail below)* | | |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up |  |  |  |  |  |  |  |
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|  |  |  |  |  | Please specify any additional PPE or equipment that will be provided to workers/volunteers. | | |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Slip / Trip / Fall**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  | Regular inspections of work areas by the Event Manager or delegate to determine the slip trip fall hazards that could exist or be created by the type of work being undertaken or what is happening in the area. |  |  |  |
|  |  | **During any activity in any phase of the event, that involves:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  | * Moving around the event site |  |  |  |  |  |
|  |  | * Working on a stall or booth |  |  | Instruction at the time of induction by the Event Manager or delegate on what slip trip fall hazards could be expected and the expectation on workers/volunteers to minimise the risk of slips trips and falls, through the strategies put in place. |  |  |  |
| Name: |  | | |  |  |  | * Being in around or working on set-up activities |  |  |  |  |  |
|  | | | | | Event |  |  |  |  |  |  |
| Notes/Comments: | | | | |  |  | * Being in around or working on pack-up activities |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Pack up | **Please specify and rate other event activities not covered above, below: -** | |  |  | Use of non-slip flooring/matting |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Staff/volunteers assigned to check and clean up where a build-up of materials waste occurs. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Areas of slip/trip / fall risk will be cordoned off to prevent inadvertent or unauthorised access. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Staff/volunteers will be informed of all no go areas. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Walk-ways that provide a specific path for people moving around the event area will be included. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Vehicle Impact**   *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  |  |  |  |  |
|  |  | **Any activity during any phase of the event where a workers member/volunteer is required to use a motor vehicle, e.g. Car, Ute, Truck, Bus for transporting: -** |  |  | Staff/volunteers will have a driver’s licence with a classification appropriate for the vehicle being driven. |  |  |  |
|  |  |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  |  |  |  |  |  |  |
|  |  | * people |  |  | Staff/volunteers transporting special needs people will receive training and instruction, where they don’t have the skills or they are not current. |  |  |  |
| Name: |  | | |  |  |  | * plant/equipment |  |  |  |  |  |
|  | | | | | Event |  | * materials |  |  |  |  |  |
| Notes/Comments: | | | | |  |  |  |  |  |  |  |  |  |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  | A check that all licences are current and have no restrictions will be carried out when workers/volunteers are inducted. |  |  |  |
| Pack up |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Before a motor vehicles is be used all maintenance and inspections will be checked and current. |  |  |  |
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| **Hazard Present** | | **YES** | **NO** | | **During Which Event Phase(s)** | **In Which Activity** | | | **Rating Before Controls**  **1-25** | **Implemented Control(s)** | **YES** | **N/A** | **Final Rating**  **1-25** |
| 1. **Harassment**   **Personal Threat**  **Verbal / Physical Abuse**  *(If “****NO****” no further action is required)* | |  |  | | Planning |  |  |  |  | A strategy for workers/volunteers to deal with instances of harassment, personal threat, and verbal/physical will be developed and implemented for all phases of the event. |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **During any phase of an event which involves: -** |  |  |  |  |  |
| Person responsible for implementing  the controls for this hazard: - | | | | | Setup/Prep |  | Where workers/volunteers haven't received instruction and training previously, instruction and training in the harassment, personal threat and verbal/physical abuse strategy will be provided prior to working on the event. |  |  |  |
|  |  | * Undertaking site inspections/visits |  |  |  |  |  |
| Name: |  | | |  |  |  | * Dealing with Contractors |  |  |  |  |  |
|  | | | | | Event |  | * Dealing with stall holders |  |  |  |  |  |
| Notes/Comments: | | | | |  |  | * Working with and around the public, members of the community and with families |  |  | Workers/volunteers will be provided with appropriate information that will include a refresher briefing on the actions taken if faced with harassment, personal threat or verbal/physical abuse. |  |  |  |
|  |  |  |  |  |  |  |
| Pack up |  | * Working with workers and volunteers |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Please specify and rate other event activities not covered above, below: -** | |  |  |  |  |  |  |
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