 **xx Group**

**Activity Risk Assessment – sign on sheet**

Date: xxx

Activity: Walk fire trail xx hours.

Description: Meet at xxx

Leader: xx - phone

|  |  |
| --- | --- |
| **Risk** | **Mitigation action** |
| Unfamiliar conditions | * Conducted trial walk on xxxxx to test conditions.
 |
| Slips, trips, and falls. | * Advise wet conditions and small rocks can be slippery. Be careful.
* Advise water on track, that may be deep in parts. Avoid.
 |
| Insect and animal bites | * Wear PPE (long pants, sleeves, hat)
* Carry first aid kit (leader)
 |
| Sun effects and dehydration | * Advise attendees to bring water and hat
* Wear PPE (long pants, sleeves, hat)
* No public toilets are available
 |
| Exhaustion | * Advise to walk at own pace, speak out if the group is walking too fast.
 |
| COVID-related | * Attendees to Print Name and sign also add phone of an emergency contact number.
* Conduct activity outdoors and maintain social distancing
 |

After mitigation, risks are assessed as Likelihood = Possible and Severity = Minor (treated with first aid).

**Attendees**

Attendees agree to behave safely and follow any safety-related instructions.

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| **Print Name** | **Sign** | **Phone number** | **Emergency contact number** |
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| **Print Name** | **Sign** | **Phone number** | **Emergency name & number** |
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