

A - Event / Incident Information

| | | | | |
|---|--|-----------------|-----|----|
| Today's Date | | Confidential? | YES | NO |
| Name | | | | |
| Brief Summary | | | | |
| Start Date | | End Date | | |
| Location Details | | | | |
| Publication / Station | | Department | | |
| Unit | | Program / Area | | |
| Responsible Manager | | Contact Details | | |
| Planning Team Members | | | | |
| Email & Cell Phone # | | | | |
| Supporting Documents | | | | |
| Person Completing Assessment | | Competence | | |
| Authorizing Supervisor | | Date authorised | | |
| <p>Privacy Notice - Personal information collected for the purposes of this form will be used to identify those at risk and those involved in controlling risk, from this or similar activities, and to fulfil the obligations under OSHA legislation. It could be retained after the conclusion of the event. It may be shared with other organizations, including our agents and contractors, with whom the risk or the control of risk is shared.</p> | | | | |

Hazard Checklist – use this list to help you identify any significant hazards.

| Situational | Physical / Chemical | Health |
|----------------------------------|----------------------------------|----------------------------------|
| Asphyxiation / hypoxia (diving) | Cold surface – contact with | Allergic reaction |
| Attack by animal | Cold exposure / hypothermia | Disease / infectious agent |
| Crush by load | Electric shock | Fatigue / exertion |
| Drowning | Explosive release of pressure | Lack of food / water |
| Entanglement in machinery | Fire | Repetitive actions |
| Falls from height | Hazardous substance | Static body posture |
| Impact / collision (driving) | Heat exposure / exhaustion | Psychological (stress / anxiety) |
| Manual handling | Hot surface – contact with | Human factors |
| Object falling, moving or flying | Lasers | Lack of the 4C's * |
| Obstruction / exposed feature | Noise | Security / High Risk |
| Sharp object / material | Radiation (ionizing) | Abuse (child protection) |
| Slippery surface | Radiation (non-ionizing) | Personal abuse / threats |
| Stroboscopic light | Vibration | Assault by person |
| Trap in moving machinery | Environmental | Bomb threat / explosion |
| Trip hazard | Environmental damage / pollution | Kidnap |
| Severe Weather | Loss of Communications | Shot by firearm |

*Competence, Communication, Co-operation, Co-ordination

Comments / Amendments

Part B – Risks, Hazards and Mitigating Controls

| Function / Activity What is it you are doing and where? | Who is at Risk Anything about them which affects the risk? | Significant Hazards Outline what could cause harm or damage (use table in Part A to help you) | Mitigating Safety Controls Precautions which are / should be in place to control the risk of harm or damage Controls can be procedures and equipment based. | Risk rating All controls applied (H/M/L) |
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Part C – Unmet Needs & Specialized Equipment Including PPE

| Item Name | Mitigates What Function / Activity? | Equipment Standard or Technical Specification | Vendors & Cost | Responsible for Ordering (Person placing order or requesting items) |
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Part D – Communications Plan

| Duty | Name | Function | Cell, Desk, Email, Secondary Phone & Physical Address | Notes |
|--------------------|------|------------------|---|------------------------------|
| Crew | | Field Supervisor | | |
| Crew | | Field Safety | | |
| Crew | | | | |
| Crew | | | | |
| Crew | | | | |
| Crew | | | | |
| Sat Phone / Beacon | | | | |
| Crew Hotel | | Lodging | | |
| Closest Airport | | Transportation | | |
| Local Hospital | | Medical | | Trauma Center |
| Local 911 Center | | Emergency | | Direct Dial, 10 Digit Number |
| Lawyer | | Legal Assistance | | |
| Director / Editor | | Supervisor | | |
| Security Manager | | Security | | |
| News Desk – 24/7 | DESK | Coordination | | |

| Pre & Post Event -- Logistics / Travel |
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