

**Please return form (both sides) within 2 weeks by emailing to: contact.ramblers@gmail.com.*

**Newcastle Ramblers Bushwalking Club Inc.
Risk Assessment/Incident Report Form**

Activity.....Map.....Date ____/____/____

Leader.....Phone Number.....Mobile.....

Participant NoPLB Carried..... Grade...../.....km /.....m altitude gain/.....hrs

The **Leaders Checklist** below is to be completed and discussed with participants before they sign on.

- | | | |
|-------------------|--|--------------------------|
| Email Committee | Leader to notify committee (newcastle.ramblers@gmail.com) prior to any multi-day or remote activity with details of participants, emergency contacts, activity plan, trip contact person & phone number, PLB details... | <input type="checkbox"/> |
| Activity Plan | Discuss with group..... | <input type="checkbox"/> |
| Travel | Convoy arrangement, Route, Car shuffle, Meeting Point..... | <input type="checkbox"/> |
| Water and Food | Check recommended water to be carried, food, water availability on route? | <input type="checkbox"/> |
| Potential Risks | Steep slopes, thick scrub, rock scrambling, loose surface, snakes, insects, rapids/currents, deep water, traffic, etc..... | <input type="checkbox"/> |
| First Aid | All participants expected to carry own first aid kit. Check who holds first aid qualifications..... | <input type="checkbox"/> |
| Tail end Charlie? | Appointed for larger groups..... | <input type="checkbox"/> |
| Don't wander off | Keep together and keep an eye on one another, at track turns ensure person behind can see you, stay put if lost..... | <input type="checkbox"/> |
| Deputy Leader | Appointed in the event that the Leader is unable to lead..... | <input type="checkbox"/> |
| Limitations | Participants must tell Leader if they have any physical or medical conditions which may affect their ability to participate or require attention during the activity | <input type="checkbox"/> |
| Other | Fire Lighting, Hygiene, Litter, safety equipment required for activity, etc.... | <input type="checkbox"/> |

Did any injuries, near misses or accidents occur during the activity?.....(Y/N)

When, Where?.....

What happened?

Who was involved?

What action was taken.....

Who was notified.....

Leader's Signature.....Date.....

Reviewed by Committee Member: (Name) ____/____/____

Leader: Please complete and email to the club at contact.ramblers@gmail.com

Attach separate report if insufficient space

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Activity _____ Leader _____ Date ___/___/___

| | | | | | | | |
|--------------|----------------|--------------|--------------|--------------|------------------|------------------|------------------|
| President | Vice President | Secretary | Treasurer | PLB Officer | Committee Member | Committee Member | Committee Member |
| Bob C | Ingrid W | Brett B | Kay E | Malcolm M | Dale G | Anne S | Kate R |
| 0417 624 091 | 0427 553 212 | 0411 752 195 | 0412 561 801 | 0429 641 640 | 0428 399 083 | 0427 905 530 | 0439 374 323 |

Sign-On/Waiver and Emergency Contact Form

I am participating voluntarily & am aware that Club activities can be hazardous & **may expose me to risks** that could lead to injury, illness or death or loss of or damage to my property. To minimize these risks, I have endeavored to ensure that **this activity is within my capabilities** & that I am carrying food, water & equipment appropriate for the activity. I have advised the activity leader **if I am taking any medication or have any physical or other limitation** that might affect my participation in the activity. I will make every effort to remain with the rest of the party during the activity. Please write **(V)** next to name if you are a visitor.

By signing below I confirm that I have read, understood and accept these requirements.

| | Name (print) | Signature | My Emergency Contact's Name | My Emergency Contact's Phone Number | First Aid Qualified | Map and Compass |
|----|--------------|-----------|-----------------------------|-------------------------------------|---------------------|-----------------|
| 1 | (L) | | | | | |
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| 17 | | | | | | |
| 18 | | | | | | |
| 19 | (V) | | | | | |

Additional information required for a remote area activity where there may not be mobile phone communication.

Rego of cars used (if required):1.....2.....3.....

Trip Contact Person* who has details of proposed activity

TCP's Phone NumberMobile Number

Advised Trip Contact Person of safe return on at am/pm

**Trip Contact Person to have details of planned activity and names of proposed participants. The Leader should email (newcastle.ramblers@gmail.com) the Management Committee & the PLB Officer of the TCP's contact details for any multi-day or remote.*