**“XYZ association”**

**Crisis Response and Event Emergency Plan**

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“XYZ association” provides this document to ensure the safety of staff, volunteers, and event attendees as they address issues and options being faced during a crisis or critical incidents. The development of effective and efficient crisis response and crisis management procedures is predicated upon preparedness, pre-planning, recognising options, training and a vigilant perception of the world in which we live. This document is updated each year.

1. **Purpose**

In the event of an emergency, “XYZ association” will act to protect lives and property and to avoid liability. The purpose of this document is to develop and maintain standard procedures for staff, volunteers and attendees to prepare for and respond to emergency situations.

The Crisis Response Plan is a working document and will be continually reviewed, revised and rewritten as necessary. Potential crisis situations, which have not been addressed in the plan at this point, may need to be added at a later date.

1. **Internal Communications**

“XYZ association” employees and volunteers on-site will be advised of a meeting point in the event of emergency.

Staff members will receive instructions for internal communications – including the composition of the Crisis Communication Teams prior to the event.

1. **Public Communications**

To ensure a consistent message, it is important that all communications are directed to the assigned “XYZ association” Crisis Management team (CMT). The Media Contact will manage all communication with the press and general public.

When discussing a particular crisis situation, all staff members should be cognizant of their surroundings and who may be within listening distance. Radios/walkie talkies should not be used to communicate the details of an emergency.

If a concerned volunteer, attendee or exhibitor approaches a staff member, our response should be conservative. If the situation becomes critical – staff must relax, be calm, and explain to the person(s) that a member of “XYZ association” will be making an official statement in the near future.

1. **Crisis Level Definition**

Different crises require different responses. Specific scenarios listed in this document should be labeled Level 1 and Level 2.

**Level 1** – Situations that can be contained and resolved by “XYZ association” staff, facility personnel and contract security, without widespread action, public statement, risk or event disruption. Examples include: injury or illness limited in scope, routine theft, and limited disruptive behavior. Level 1 situations are likely to be reported to “XYZ association” staff, facility and vendor personnel who are advised to report any situations to the designated event manager. The event manager, in conjunction with venue personnel will take appropriate action. Level 1 situations do not require the activation of the Crisis Management Team; however, the Team will be notified of a Level 1 event as these events may move from Level 1 to Level 2 at any time.

**Level 2** – Situations that require higher level decision-making, event postponement, public statement, or have the potential to cause panic, injury, or controversy. Examples include hurricane, terrorist activities, or public health threat (such as the exposure of CoVID-19 at an event). Level 2 situations are likely to be learned about from external sources such as the media, public health teams, volunteers and attendees. Staff members will notify the Event Manager immediately of a potential Level 2 situation. The lead event manager (usually the CEO or GM NZ) venue lead or any member of the Crisis Management Team will arrange to convene the Team in person and/or by remote communication as soon as possible. Staff will be advised that the situation is being reviewed and instructions are forthcoming.

1. **Crisis Response Personnel & Contacts**

**“XYZ association” Crisis Management Team**

The Crisis Management Team will be comprised of “XYZ association” staff members representing critical functions. The Crisis Management Team is responsible for reviewing and maintaining this document, monitoring threats and hazards and serving as the response team onsite in the event of an actual crisis or emergency.

The following roles and relevant contact information will be assigned for each “XYZ association” Major Event:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Responsibility**  | **Work Phone** | **Cell Phone**  |
|  | Incident Commander |  |  |
|  | Media Contact  |  |  |
|  | Event Logistics Contact |  |  |

**Conference Management Office Contacts**

|  |  |
| --- | --- |
| **Name** | **Cell Phone**  |
|  |  |
|  |  |

**Key Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Responsibility**  | **Work Phone** | **Cell Phone**  |
|  |  |  |  |
|  |  |  |  |

**CPR/AED Certified Staff**

|  |  |
| --- | --- |
| **Name** | **Cell Phone**  |
|  |  |
|  |  |

**Local Security & Emergency Contacts**

|  |  |  |
| --- | --- | --- |
| **Name** | **Location**  |  **Phone**  |
| Hotel or Convention Center  |  |  |
| Security  |  |  |
| First Aid  |  |  |
| Hospital  |  |  |
| Emergency Services |  |  |

**Additional Resources**

such as storms, earthquake, fire, cybersecurity, terrorism, active shooter, transportation etc.

See: Health and Safety Manual Page further in the DOCUMENT

**7. Crisis Management Team Members Responsibilities**

In case of an actual emergency or crisis, the Crisis Management Team will serve in the following roles:

**Incident Commander:** Act as the Crisis Management Team chair and is in charge until or unless this person relinquishes his or her role to another member of the team.

**Media Contact:** Accountable for ensuring no individuals make inappropriate or unauthorized statements to the media. Monitors news and communicates with the team. Provides continuous communication to staff members onsite and at the headquarter office to keep them apprised of the crisis or emergency. Manages onsite press and distributes press releases. Prepares a position statement and identifies individuals who are willing to be interviewed on behalf of “XYZ association” Responsible for news content on the “XYZ association” website and emergency voicemail updates on the main “XYZ association” phone line. Ensures telephone systems and televisions are set up and operational throughout the facility.

**Event Logistics Contact:** Liaison to all exhibitors, speakers, vendors, and venue to keep them apprised of the crisis or emergency.

**Registration Contact:**  Communicates and sets up an emergency help desk to provide information to all individuals onsite to keep them apprised of the crisis or emergency. Will provide assistance to all individuals onsite about airports, hotels, car rentals, trains, buses, and ride-sharing.

**All Staff Members and/or Board Directors:** Assist with the above communications and procedures where needed and assigned.

**8. Destination & Facility Plan**

* 1. **Evacuation Plans**

In the event of a serious emergency, it may be necessary to evacuate the building. Should that become necessary, you will receive instructions about what to do and where to go by the Crisis Management Team and/or the Public Address System.

If evacuation is needed, use the closest marked “EXIT” or follow directions from building personnel. The evacuation or rally points can differ depending on where in the building the emergency is taking place. <Provide staff meeting places and point of contact for each property if applicable>.

Staff roll call will be taken. If for some reason that location is inaccessible to you please go to the nearest safe location and text/call your supervisor with your location and status.

Incidents that may require evacuating the building include:

* Fire
* Bomb threat/suspicious package/suspicious mail
* Explosion
* Weather related emergency (with advanced notice)
* Chemical or Biological Incident

<insert information provided by the venue regarding evacuation plans, assembly areas, and the chain of command for determining an emergency>

The key to a successful evacuation is to remain calm and follow directions.

**b. Shelter in Place Plan**

Incidents that may require shelter in place include:

* Weather related emergency
* Civil Disturbance
* Suspicious package/suspicious mail
* Chemical or Biological Incident
* Hazardous material

<insert information provided by the venue regarding shelter in place>

**b. CoVID 19 Management Plan**

<insert specific information regarding the management of a CoVID 19 exposure for venue/state/country)>

**c. Onsite First Aid Locations & Hours**

<insert information provided by the venue or from contracted medical provider >

|  |  |  |
| --- | --- | --- |
| **Location**  | **Phone**  | **Hours**  |
|  |  |  |
|  |  |  |

**e. Automated External Defibrillators (AED) Locations**

An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA). SCA is a condition in which the heart suddenly and unexpectedly stops beating.

Anyone who has minimal CPR and AED training can use an AED to help save a life. Refer to Section 6. Crisis Response Personnel & Contacts to see who on staff is AED certified.

<insert the locations of AED devices within the venue>

**9. Cancellation Plans**

In the event of a crisis or emergency warranting cancellation of the Meeting, all staff members and other key personnel will report to the event management office.

**a. If the Meeting needs to be canceled prior to the start of move-in:**

* All key personnel, will meet in the event management office to review implementation of cancellation plans or by conference call prior to arriving onsite
* Incident Commander enacts Emergency Phone Tree to inform all staff members of the cancellation and provide further instructions
* Media Contact to create a formal statement outlining the decision for cancellation and further actions, if necessary
	+ Staff members and key personnel should use script provided to answer questions from individuals
	+ Staff members and key personnel should refer any media requests directly to the designated media contact.
* Media team will handle communications that should go out immediately to all individuals planning to attend the Meeting
	+ A message announcing the cancellation will be posted on the “XYZ association” and/or event website and an direct email will be sent
	+ To the extent possible, other means of communications (ie event app, mobile phone message) will be made to individuals attending the Meeting
* Venue personnel and staff members assigned will be at entrances to the venue to let individuals know, who may not have received the message, that the Meeting has been canceled
* Where appropriate, the Media Contact will post cancellation information in key locations in the venue
* Registration Contact and Exhibitor Contact will put into place policies for refunds of exhibitor and registration fees
* Incident Commander will contact the facilities, legal counsel, and the insurance company to alert them of the cancellation
* The Event Manager / Logistiscs Contact will provide written notice by email of the cancellation to all facilities impacted by this decision (i.e. hotels, restaurants, CVB, etc.)
* Meetings with all staff members and key personnel will continue on a frequent basis as long as necessary to keep them updated on the situation

**b. If the Meeting needs to be canceled during move-in:**

* All key personnel, will meet in the event Management office to review implementation of cancellation plans
* Incident Commander enacts Emergency Phone Tree to inform all staff members of the cancellation and provide further instructions
* Media Contact to create a formal statement outlining the decision for cancellation and further actions, if necessary
	+ Staff members and key personnel should use script provided to answer questions from individuals
	+ Staff members and key personnel should refer any media requests directly to the designated media contact.
* Media Contact will handle communications that should go out immediately to all individuals planning to attend the Meeting
	+ A message announcing the cancellation will be posted on the “XYZ association” and event website, and an e-blast will be sent.
	+ To the extent possible, other means of communications (ie event app, mobile phone message) will be made to individuals attending the Meeting
* Event Logistics Contact will provide information of the situation to all hotels impacted
	+ Hotels will be asked to extend the convention rate as long as necessary
* Exhibitor Contact will contact exhibitors through a call to their home office as well as inform them verbally and in writing via email of the cancellation
* Facility personnel and staff members assigned will be at entrances to the convention center to let individuals know, who may not have received the message, that the Meeting has been canceled
* Media Contact will post cancellation information in key locations in facility
* Registration Contact and Exhibitor Contact will put into place policies for refunds of exhibitor and registration fees
* Incident Commander will contact the facilities, legal counsel, and the insurance company to alert them of the cancellation
* Event Logistics Contact will provide written notice by email of the cancellation to all facilities impacted by this decision (i.e. hotels, restaurants, CVB, etc.)
* Meetings with all staff members and key personnel will continue on a frequent basis as long as necessary to keep them updated on the situation

**c. If the Meeting needs to be canceled once the meeting has begun, and if transportation is curtailed:**

* All key personnel, will meet in the event Management office at the venue to review implementation of cancellation plans
* Incident Commander enacts Emergency Phone Tree to inform all staff members of the cancellation and provide further instructions
* Media Contact to create a formal statement outlining the decision for cancellation and further actions, if necessary
	+ Staff members and key personnel should use script provided to answer questions from individuals
	+ Staff members and key personnel should refer any media requests directly to the designated media contact.
* Media Contact will handle communications that should go out immediately to all individuals attending the Meeting
	+ A message announcing the cancellation will be posted on the “XYZ association” and/or event website, and an e-blast will be sent
	+ To the extent possible, other means of communications (ie event app, mobile phone message) will be made to individuals attending the Meeting
* Incident Commander or venue will make announcements on the public address system in the facility
	+ All individuals will be assured that we are providing them with the most accurate information possible in order to help them make their decisions
* Event Logistics Contact will provide information of the situation to all hotels impacted
* Hotels will be asked to extend the convention rate as long as necessary
* Registration Contact will set up desk and include hotel policies as well as information on transportation options
* Facility personnel and assigned staff members will be at entrances to the venue to let individuals know, who may not have received the message, that the Meeting has been canceled
* Media Contact will post cancellation information in key locations in the facility
* Registration Contact and Exhibitor Contact will put into place policies for refunds of exhibitor and registration fees
* Event Logistics Contact will contact the facility catering department contact to see if unused food can be donated or converted to box lunches for individuals and staff members
* Incident Commander will contact the facilities, legal counsel, and the insurance company to alert them of the cancellation
* Event Logistics Contact will provide written notice by email of the cancellation to all facilities impacted by this decision (i.e. hotels, restaurants, CVB, etc.)
* Meetings with all staff members and key personnel will continue on a frequent basis as long as necessary to keep them updated on the situation

1. **Crisis Analysis Summary & Financial Impact**

Complete a full crisis analysis after an emergency has taken place. “XYZ association” and all staff members must evaluate how the situation was handled and investigate additional steps needed to better handle a similar situation in the future.

**HEALTH**

**AND SAFETY**

**FORMS FOR**

**YOUR**

**EVENT**

**Australasian Society of Association Executives (AuSAE)**

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## Emergencies- Exhibitor F03-01

|  |
| --- |
| **Emergency Numbers**  |
| **Emergency Services: 111**  |  **Organiser Cell: 027 249 8677** | **Organiser Office: 04 889 2292** |
| **Organiser Office Location is: Registration desk level 5 in exhibition room** |
| **What is your nearest exit?**  |  | **Is your staff aware of this?**  | **Yes**  |  |
| **Do you have a Fire Extinguisher on site?**  | **Yes**  |  | **Where?**  |  |
| **Is your staff aware of the Extinguisher placement?**  | **Yes**  |  | **N/A**  |  |
| **Do you have a First Aid Kit on site?**  | **Yes**  |  | **Where?**  |  **Registration desk** |
| **First aid kit is located at the registration desk**  |

Accident/Incident Reporting

**All accidents and incidents must be reported immediately to registration desk**

**Communication about any safety concerns**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Time**  | **Communication**  | **Follow up Required**  | **Signed**  |
|   |      |   |   |
|  |  |  |  |
|   |      |   |   |

**Others on your site**

Who else is likely to be on your site e.g. contractors, public etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What hazards do others bring to your site? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Booth Number: \_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Organiser \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

## Job / Task Safety Analysis Worksheet F05-01

|  |
| --- |
| Organisation Name: Project Name:  Date: Prepared by: xxxx  Signature:  |
| **Item** | **Job / Tasks Step**(Break the job down into steps) | **Potential Hazard**(What can harm you) | **Controls**(What are you going to do to make the job as safe as possible) | **Person Who Will Ensure This Happens** |
| Please note, below are examples of Jobs/Tasks of a typical event and should be noted these would change and other job/asks jobs should be added as required.  |
| 01 | Exhibition build | Heavy panels, electrical wires | Acquire health and safety plan for exhibition build company, restrict access to exhibition hall during building of stands | Exhibition hire services |
| 02 | Electrical | Electrical wires laying on the floor during pack in | Restrict access to exhibition during building of stands and ensure a qualified electrician is on site | Exhibition hire services |
| 03 | Satchel packing | Heavy lifting and twisting | Provide student volunteers and staff with manual handling training before commencement | Brett Jeffery |
| 04 | Registration pack in | Heavy lifting and twisting | Provide student volunteers and staff with manual handling training before commencement | Brett J/ |
| 05 | Vehicles and forklifts in Venue / Active Site while staff and students packing | Being hit with vehicles and forklifts | Ensure student volunteers and staff are aware of the hazards and to be aware at all times | Venues Wellington  |
| 06 | Temporary structures | Injury to people during installation or structures not assembled correctly | Ensure the venue has adequate health and safety plan in place and advise student volunteers and staff to be aware of potential hazard | Exhibition hire |
| 07 | General pack in | Trip hazards | Ensure student volunteers and staff are aware of potential hazards and to be diligent at all times when working around the venue | Brett J |
| 08 | Gala dinner entertainment | Injury to entertainers or guests due to electrical fault or fall | Ensure that entertainers have the appropriate health and safety plans and work with the Venue /Active Site on their requirements | Brett J |
| 09 | Catering | Food poisoning | Work with the venue or caterers to ensure proper food handling regulations are adhered too, eg. council grading | Brett J |
| 10 | Working long hours at conference | Exhaustion and stress | Allocate breaks to staff and student volunteers and ensure a roster system is set up to allow people to have breaks. Monitor wellbeing of staff and student volunteers | Brett J |
| 11 | Social functions | Foolish behaviour, intoxication of delegates, anti-social behaviour | Ensure staff remain sober and monitor behaviour of delegates | Brett J/ Kenny  |
| 12 | General venue  | There are various risks associated with running a conference in a large venue. These are covered in the Conference Functions Risk Assessment Guidelines provided by the Venue /Active Site | Ensure staff and student volunteers are aware of the risks working in a large conference venue at all times. | Brett J |

## Risk and Hazard Management Register F06-01

To avoid an incidence which could be harmful to those involved in the event, refer to the *risk analysis form* to complete the table below and work out mitigation strategies.

**Please note, below are examples of Risks and Hazards of a typical event and should be noted these would change and other Risks and Hazards should be added as required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1: Venue**  |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Damage to the building infrastructure and utilities. Injuries to staff and delegates due to Venue/Active Site mismanagement of health and safety | No health and safety plan in place, building maintenance or natural disasterPoor environment conditions such as lighting, loud continuous noise, use of odorous substances in venue | High | Venue/Active Site have provided a thorough Conference and Function Risk Assessment including a risk matrix (attached to the Health and Safety Manual for this conference). Venue/Active Site to advise “XYZ association” Safety and Security Manager before the event commences (and throughout the conference as appropriate) and delegates will be advised at their first session each dayWork with the venue to ensure that environmental conditions are managed. Health and Safety meeting with venue and main contractors to be held 1-2 months prior to the conference | Low | All |
| Food poisoning | Lack of food handling procedures and certification | High | The venue will supply the catering company and have mitigated the risk via their Conference and Function Risk Assessment to a level which is accepted by “XYZ association” | Low | Brett J/Venues Wellington |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 2: Exhibition** |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Injury during exhibition build and break down | Large panels fall on someone, an injury due to the amount of debris on the floor during pack in of the exhibition hall  | High | exhibition build company to provide a health and safety plan (attached to the “XYZ association” Health and Safety Manual for this conference). Access to the exhibition hall during the build time to be limited. Signage and barricades will be erected notifying that the area is off limit. exhibition build company, Venue/Active Site and the “XYZ association” have the authority to stop the building of the exhibition should there be any concerns with regards to safety. Building of the exhibition hall will be completed on Sunday to ensure that there is the minimum amount of people around (especially exhibitors who want to get into the hall earlier). If another contractor is building a stand for an exhibitor than this must be coordinated through “XYZ association” as per the exhibition manual. | Low | Brett J/ exhibition hire services |
| Electrocution | During pack in and pack out of the exhibition there will electrical wires hanging from the ceiling and along the floor.  | High | Only trained electricians to be permitted to carry out electrical work. Contractor who is carrying out this work to provide health and safety plan (attached to the “XYZ association” Health and Safety Manual for this conference). Staff and volunteers to be made aware of this risk at the induction and limited or no access to the exhibition area during the build phase unless otherwise authorised by the “XYZ association” Safety and Security Manager | Low | Brett J/ exhibition hire services |
| Injuries to person(s)  | Resulting from an exhibitor not complying with the venue rules and regulations | High | Venue rules and regulations included in the exhibition manual (attached to the “XYZ association” Health and Safety Manual for this conference) provided to exhibitors when booking their stand for the conference. Exhibitors to be handed a printed copy of the venue rules and regulations at the commencement of the conference. | Low | Brett J/ exhibition hire services |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 3: Pack In and Pack Out**  |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Injuries to person(s) – back strain, cuts | Heavy lifting of boxes, repetitive strain packing satchels, the use of utility knives for unpacking boxes, pulling trolleys | High | “XYZ association” staff and volunteers to be provided documentation of appropriate manual handling procedures before the commencement of conference and be taken through manual handling at induction on site.“XYZ association” Site Safety Managers to ensure staff and volunteers maintain proper procedures | Low | Brett J/Kerrie G |
| Injury via a vehicle or forklift | Moving vehicles or forklifts in level 5 while staff and volunteers packing in and out | High | Venue to allow only trained operators on forklifts and vehicles to be limited in Hall B during pack in and out. All staff and volunteers to wear hi-vis clothing while packing in and out. Safety audits to be carried out during operation by the venue and “XYZ association” Safety and Security Manager | Low | Brett J |
| Tripping or falling | During pack in and pack out there are a lot of debris lying around on the floor which could cause a hazard with people tripping or falling | Moderate | “XYZ association” staff and volunteers to be briefed at the induction with regards to the hazard and to be aware of debris laying on the floor during this time.  | Low | Brett J/Kerrie G |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 4: Social Functions** |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Entertainer fails and hurts themselves | Rigging and lighting not set up properly or unsafe practices by entertainer | Extreme | Ensure that the venue and the entertainers work together to mitigate the risks. Obtain a health ad safety plan from the entertainers and ensure they are suitable qualified to carry out the entertainment they are providing | Low | Brett J |
| Alcohol intoxication  | Lack of responsible host and lack of accessible transport to accommodation | High | The venue will provide a certified duty manager and the “XYZ association” Safety and Security Manager and “XYZ association” Site Safety Officers will act as the responsible hosts during the happy hours and gala dinner. The “XYZ association” will provide bus transportation to accommodation after the happy hours and the gala dinner. | Low | Brett J/ Brendon W/ Toni B |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 5: Security and parking** |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Verbal threats or use of weapons by delegates to staff, speakers, delegates or themselves | Stressed or irate delegates | Moderate | There will be security guards (2-3) at the venue. Local police details will be available. | Low | Brett J |
| Verbal threats or use of weapons by the public to staff, speakers, delegates or themselves | People with extremist views | Moderate | There will be security guards (2-3) at the venue. Only people with the appropriate name tags will be allowed past the registration desk. Security guards will question anyone that is not wearing the appropriate name tag. | Low | Brett J |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 6: General** |  |  |  |  |  |
| **Risk** | **Contributing factor(s)** | **Un-mitigated risk rating** | **Mitigation strategy** | **Mitigated riskrating** | **Responsibility** |
| Fatigue and stress | Working long hours at conference and socialising in the evening | Moderate | “XYZ association” staff and volunteers to be provided adequate breaks during the conference and be advised that they must advise the “XYZ association” Safety and Security Manager or “XYZ association” Site Safety Officers if they are feeling fatigued or stressed. | Low | Brett J |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Impact** |
| **Key to qualitative measures of risk rating** | **Insignificant*** No injuries
 | **Minor*** Some adverse reaction
 | **Moderate*** Injury to individual
* Failure to meet legal / regulatory requirements and/or potential litigation
 | **Major*** Serious harm/injury to individual(s)
* Serious institutional reputation damage
* Litigation
 | **Catastrophic*** Death of individual(s)
* Significant litigation and/or prosecution with potential public enquiry
 |
| **Likelihood** | **Certain**Is expected to occur in within the next 12 months | High | High | Extreme | Extreme | Extreme |
| **Likely**Is expected to occur within 1-3 years | Moderate | High | High | Extreme | Extreme |
| **Possible**Is expected to occur between 3-5 years | Low | Moderate | High | Extreme | Extreme |
| **Unlikely**Is expected to occur between 5 and 20 years | Low | Low | Moderate | High | Extreme |
| **Rare**Not expected to occur (exceptional circumstances) | Low | Low | Moderate | High | High |

|  |  |  |
| --- | --- | --- |
| **Actions** | **By who** | **By when** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Signatures** |
| **Event Organiser** | Name: | Date: |  |
| **Health and Safety Officer** | Name: | Date: |  |
| **Stakeholder 1** | Name: | Date: |  |
| **Stakeholder 2** | Name: | Date: |  |

## Contractor Contact List F07-01

|  |  |
| --- | --- |
| **PRINCIPAL/CLIENT/CONTRACTOR/SUBCONTRACTOR NAMES**  | **TELEPHONE NUMBER** |
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## Site Specific Safety Plan Evaluation F08-01

This evaluation process assumes that the contractor has already submitted their health and safety systems to the client and that the client has approved these systems. The purpose of this evaluation is intended to provide the client with confidence that the contractor is aware of their responsibilities and has procedures in place that meet these responsibilities on this specific project.

This form will be used by the client to evaluate the SSSP received from a contractor to ensure it has all the information correctly completed and all attachments included. Acceptance of the SSSP in no way diminishes the contractor’s obligation under the Health and Safety in Employment Act.

If any of the questions below are answered **X,** then the client will return the SSSP to the contractor for all the information to be attached before processing the SSSP.

|  |  |
| --- | --- |
| **The completed Site Specific Safety Plan was received:** | **Dat**e**:** |
|  | **From:**…………………………………………………………………**For (Project/Site):**………………………………………………….. | **Actioned**: |
|  |  | **🗸 / X** |
|  | Has the named subcontractor signed acknowledgement and agreement with the terms of this Site Specific Safety Plan without amendment? |  |
| 1. | Have the contractor’s and safety representative’s (SR’s) contact details been included? |  |
| 2. | Has the person in control of the workplace been clearly and correctly identified? |  |
| 3. | Has the contractor and named SR developed, completed and attached satisfactory hazard management which clearly identifies the actual and potential significant hazards for the project likely to affect or harm others on the site? |  |
| 4. | Does the contractor have hazardous substances/dangerous goods associated with their proposed works/contract that you know of? |  |
| 5. | If the previous question was ticked, has the Hazardous Substance/Dangerous Goods Register been developed and completed, and attached with the SDS and Task Analysis? |  |
| 6. | Has the contractor scheduled regular inspections for their work appropriate for the hazards and processes and Safety Activity Monitoring Register Wall Chart? |  |
| 7. | Has the contractor confirmed suitable regular communications methodology adequate for this contract? |  |
| 8. | Do you know of any potential situations which require an Emergency Plan and Procedures from this contractor? |  |
| 9. | If the previous question was ticked, has the contractor developed and attached an Emergency Plan to cover the potential emergency situation? |  |
| 10. | Has the contractor named their trained First Aid person? |  |
| 11. | Has the contractor attached their employee schedule of Passport, Advanced Passport, Supervisor Gold Card and BCITO National Certificate in Construction Health and Safety and Injury Prevention details and evidence of competency?  |  |
| 12. | Has the named contractor’s subcontractor’s SSSP been provided?  |  |
| 13. | Has the named contractor’s subcontractor’s SSSP been approved? |  |
| 14. | Does the named contractor have Notifiable Works associated with their contract? |  |
| 15. | If the previous question was ticked, has the Notification of Particular Hazardous Construction Work (form 3) been completed and sent to the nearest WorkSafe NZ office? |  |

|  |  |  |
| --- | --- | --- |
| The Site Specific Safety Plan has been returned to the subcontractor to completedeficiencies noted | Date: |  |
| Subcontractor’s Site Specific Safety Plan has been approved and signed | Date: |  |
| A signed copy of the approved Site Specific Safety Plan has been returned to the subcontractor | Date:  |  |

## Action list on deficiencies: F09-01

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| --- | --- | --- |
| **ITEM NO.** | **DEFICIENCY DESCRIPTION** | **DATE DONE** |
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## Self-Safety Inspection Checklist – Client F10-01

|  |  |
| --- | --- |
| **PROJECT/SITE** | **EMPLOYER** |
| **Safety representative:** | **Inspection by:****Date:** |
| **Remedial complete (sign/date):** |
| 1 | **Site Control** | **✓/x** | 9 | **Welding/Gas Cutting** | **✓/x** |
| 1.1 | Hazard board and signage up-to-date |  | 9.1 | Hot work permits being issued |  |
| 1.2 | Environmental plan – issues |  | 9.2 | Fire extinguishers on hand |  |
| 1.3 | Toolbox Talk last date / / |  | 9.3 | Operators using PPE |  |
| 1.4 | Safety inductions for all on site |  | 10 | **Electrical Equipment** |  |
| 1.5 | Safety notice board current |  | 10.1 | Main board lockable/weatherproof |  |
| 2 | **Site Facilities** |  | 10.2 | Current tagged and damage-free leads |  |
| 2.1 | Offices – clean, adequate and good lighting |  | 10.3 | Current tagged plant |  |
| 2.2 | Smoko sheds – clean, potable water |  | 10.4 | Current tagged lifeguards |  |
| 2.3 | Toilets – clean, washing water |  | 10.5 | Leads safely placed |  |
| 2.4 | Tool/equipment sheds adequate |  | 10.6 | Equipment in good condition |  |
| 3 | **General Site Tidiness and Accessways** |  | 10.7 | Appropriate guards on equipment |  |
| 3.1 | Clear, safe access to work areas |  | 10.8 | Adequate temporary lighting |  |
| 3.2 | Stairways and accessways clear |  | 11 | **Chemicals** |  |
| 3.3 | Hoardings/fence and gates secure |  | 11.1 | Correctly stored |  |
| 3.4 | Loose materials secure from wind |  | 11.2 | Safety Data Sheet (SDS) available |  |
| 4 | **Personal Safety Equipment** |  | 11.3 | Operators using PPE |  |
| 4.1 | Signage displayed and legible |  | 12 | **Tools** |  |
| 4.2 | Hardhats being worn |  | 12.1 | PAT tool WoF current and secure |  |
| 4.3 | Correct footwear being worn |  | 12.2 | Staff trained in tool use (SWPS) |  |
| 4.4 | Glasses/ear muffs/vests/masks used |  | 12.3 | PAT signage on site |  |
| 5 | **First Aid/Fire Prevention** |  | 13 | **Scaffolding** |  |
| 5.1 | First Aid box | Available | Current |  | 13.1 | Notifiable weekly Scaftag/current |  |
| 5.2 | Accident register |  | 13.2 | Handrails/mid-rails |  |
| 5.3 | Fire extinguishers | Available |  | 13.3 | Toe boards |  |
| 5.4 |  | Current (12 mth) |  | 13.4 | Platforms |  |
| 5.5 |  | Sufficient number |  | 13.5 | Ladders/stairs |  |
| 5.6 | Evacuation  | Procedure current |  | 13.6 | Base sound |  |
| 5.7 |  | All emergencies incl |  | 13.7 | Work platforms clear |  |
| 6 | **Cranes/Hoist/Lifting Equipment** |  | 13.8 | Platforms trip free |  |
| 6.1 | Proper lift assessment plan done |  | 13.9 | Planks tied down |  |
| 6.2 | Crane certification current |  | 13.10 | Headroom clear |  |
| 6.3 | Slings/chains certified |  | 13.11 | Ties/bracing adequate |  |
| 6.4 | Operator procedures in place |  | 14 | **Ladders** |  |
| 6.5 | Inspections being done |  | 14.1 | Good condition |  |
| 6.6 | Man cage available |  | 14.2 | Secured top and bottom |  |
| 6.7 | Emergency plan in place |  | 14.3 | Stays to step ladders |  |
| 7 | **Compressed Air Equipment** |  | 14.4 | Working 2 steps down |  |
| 7.1 | In good condition |  | 15 | **Fall Hazards** |  |
| 7.2 | Appropriate guards fitted |  | 15.1 | Floor edges | Floor openings |  |
| 7.3 | Trained user |  | 15.2 | Lift shafts | Stairs |  |
| 8 | **Excavations** correctly shored |  |  | Excavations |  |

## Toolbox Safety Meeting Minutes – Used on Event Day F11-01

|  |  |
| --- | --- |
| **PROJECT/SITE** | **EMPLOYER** |
| **FOREMAN/SUPERVISOR****PRINCIPAL** | **DATE** |
| **Attendees: Signatures of attendees:** |
| **Site activity/safe work practices/accident/incident investigations discussed:** |
| **Employee issues raised:** | **Date to be resolved by:** |
| **Safe observations reviewed/discussed:** |
| **Task Analysis completed/reviewed:** | **Date:** |

## Remedial Action Schedule F12-01

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **COMMENTS/ACTION DESCRIPTION** | **PERSON TO ACTION** | **COMPLETE** |
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## Flow Chart – Hazard Reporting Procedure and Responsibility F13-01

Can the hazard be controlled immediately?

**Hazard Controlled** report in Hazard Register and Log

YES – do it.

Hazard is

identified

Employee notifies AHSO and completes Hazard Report Form 08-01

Controls Required?
Area closed for immediate rectification?

Temporary control measure needed

NO

Determine the

Risk Class A-B-C

AHSO establishes corrective action and deadline.

AHSO implements corrective action

AHSO Manager confirms corrective action in place.

Hazard Controlled

AHSO signs off and enters details in the Hazard

Register and Log

## Safety Training and Induction Register F14-01

|  |
| --- |
| Organisation: “XYZ association” Event:  |
| Name | Site InductionDate | Acknowledgement | By signing this form I agree I have received the health and safety plan from “XYZ association” for the conference | Signature |
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## Hazard Identification Report – On Site F15-01

|  |
| --- |
| **Organisation: “XYZ association” Project: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **The following hazard has been identified in relation to the conference:** |
| **Risk Level:** Class A (High) Class B (Medium) Class C (Low) |
| **Location:**   |
| **To be completed by Supervisor****Action Required:****By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By When: A.** Immediate **B.** Within 2-3 hours **C.** Within 24 hours |
| **Corrective Action** **Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Confirmed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

## Personal Protective Equipment Issue Record F16-01

|  |
| --- |
|  **Project: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PPE Item** | **Date & Timeof Issue** | **Date & Timeof Return** | **Name of Recipient** | **Signature of Recipient** |
| I have received the listed PPE with appropriate instruction/ training in its correct use. |
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## Accident Investigation Form F17-01

##### **Particulars of incident**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Day:** |  |
| **Time:** |  | **Location:** |  |
| **Date reported:** |  |  |  |

##### **The injured person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Age:** |  | **Length of employment:** |  |
| **Phone:** |  | **Address:** |  |

##### **Type of injury**:

|  |  |
| --- | --- |
| **Part of body:** |  |
|  | Bruising |  | Dislocation |
|  | Scratch/abrasion |  | Fracture |
|  | Laceration/cut |  | Amputation |
|  | Burn scald |  | Internal |
|  | Chemical reaction |  | Foreign body |
|  | Strain/sprain |  | Other (specify) |
| **Comments:** |  |

##### **Damaged property**:

|  |
| --- |
| **Property/material damaged:** |
| **Nature of damage:** |
| **Object/substance inflicting damage:** |

##### **The incident**:

|  |
| --- |
| **Description**Describe what happened (space overleaf for diagram): |
| **Analysis**What were the causes of the incident: |
| **How bad could it have been?** | **What is the chance of it happening again?** |
|  Very serious |  Serious |  Minor |  Minor |  Occasional |  Often |

|  |  |
| --- | --- |
| **Prevention** |  |
| What action has or will be taken to prevent a recurrence? Tick items already actioned |  | By whom | When |
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| **TREATMENT AND INVESTIGATION OF ACCIDENT** |
| Type of treatment given | Name of person giving first aid | Doctor/Hospital |
|  |  |  |
| Accident investigated by | Date | DOL advised YES / NO | Date |
|  |  |  |  |

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| --- |
| **Extra writing space if needed** |
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## Audit checklist F18-01

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| --- | --- | --- | --- |
| **No** | **Item** | **Completed by** | **Initials** |
| 1 | Introduction  |  |  |
| 2 | Policy  |  |  |
| 3 | Roles & Responsibilities |  |  |
| 4 | Document Control |  |  |
| 5 | Job Safety Analysis |  |  |
| 6 | Risk & Hazard Management  |  |  |
| 7 | Skills & Competencies |  |  |
| 8 | OSH Induction Training  |  |  |
| 9 | Hazard Reporting |  |  |
| 10 | Emergency Response |  |  |
| 11 | Safety & Security Training |  |  |
| 12 | First Aid and Accident Investigation |  |  |
| 13 | Audit Checklist |  |  |
| **Checked By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |