

COMMUNITY EVENT RISK MANAGEMENT CHECKLIST



NAME OF BUSINESS _____

NAME OF EVENT _____

DATE OF EVENT _____

EVENT RISK MANAGEMENT PLAN

Issue	Complete	
Detailed Event Management Plan includes all organizations involved in the event	Yes	No
Key roles and responsibilities clearly stated	Yes	No
Event Risk Assessment carried out	Yes	No
Identify who is in control of event and deputy(ies)	Yes	No
Bump-In Plan (Set-up of event during which Event Organizer has control of site)	Yes	No
Bump-Out Plan (Post event until Event Organizer hands control back to Municipality/site is normal)	Yes	No
Identify who is in control of incidents	Yes	No
Event Safety Officer – monitoring and review responsibilities established throughout the event	Yes	No
Communication arrangements and protocols	Yes	No
Incident Procedures	Yes	No
Emergency Procedures	Yes	No
Coordination between organizations established	Yes	No
Procedures and arrangement for distributing Notices	Yes	No
Emergency Services liaison established	Yes	No
Structural Inspections/Occupational Health & Safety	Yes	No
Asset Registers maintained	Yes	No
Safety training needs satisfied	Yes	No
Liaison with public and other organizations established	Yes	No
Licensing	Yes	No
Record of all amusement ride operators, infrastructure suppliers, stallholders held	Yes	No

DURING EVENT RISK MANAGEMENT CHECKLIST

Issue	Complete	
Risk assessment applied to all activities during the event	Yes	No
All identified risks have been examined	Yes	No
Arrangements for managing risk have been identified	Yes	No
Consultation on overlapping areas of risk has occurred	Yes	No
Event Safety reviews organized during the event as needed	Yes	No
Post event de-brief organized	Yes	No

Name of Authorised Person: _____

Signature: _____

Date: _____