

Facility
Management

Risk MANAGEMENT



Facility Risk Management CHECKLIST



Prepared by: Regional Service Delivery North West, Department of National Parks, Sport and Racing

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Checklist completed by:

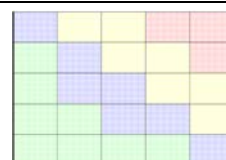
Name:

Date:

Signature:

Note: Not all risks will be identified using this checklist.

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Checklist 1: Facility risk management

This checklist has been designed to help community, sport and recreation organisations identify their facility risks. The questions contained in this document aim to help you understand areas where risks may be present and how those risks could affect your organisation.

The checklist will not identify all of the risks facing every organisation and it should not be relied upon instead of professional legal advice and advice from other qualified persons, such as insurance assessors and workplace health and safety auditors. It does, however, provide a guide to help you establish a plan for managing your most obvious risks.

Instructions:

This checklist is to be completed in parallel to an inspection of the facilities listed in each question. A small group of two or three people should inspect the facilities together. Do not assign the checklist to one person to complete alone. This checklist should be completed in full annually, before the commencement of each season.

While inspecting your facilities, tick the appropriate box to answer each question—**N/A** (not applicable), **Yes** or **No**. Then decide whether you need to add an action into your Facility Management Plan by ticking either **Yes** or **No** under the **Actions arising?** box. In the **Observations** box, write down what you discover through your inspections and by thinking through the points raised in each question. These observations will help you to identify the details of risks facing your organisation.

Then tick the appropriate **Risk rating** box to rate each identified risk according to the *Risk rating matrix*. Risk ratings take into consideration each risk's frequency (i.e. likelihood) and severity (i.e. degree of consequences).

Risk Rating Matrix

		Severity				
		Insignificant	Minor	Moderate	Major	Catastrophic
Frequency	Frequent					
	Likely					
	Possible					
	Unlikely					
	Rare					

A risk rating is assigned to each risk according to its position on the Risk rating matrix, as per the following legend:

Risk rating legend

Lower risk

Manage by routine procedures

Moderate risk

Specific risk management strategies

High risk

Requires immediate attention

Extreme risk

Requires URGENT action

Once you have completed the checklist, sign and date each page. This checklist forms a valuable part of your risk management plan. It will help you to complete your Facility Management Plan and will serve as a valuable reference document during your ongoing risk management reviews.



Checklist completed by:

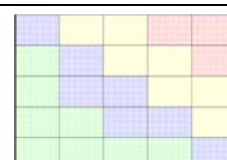
Name:

Date:

Signature:

Note: Not all risks will be identified using this checklist.

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Facility Risk Management Checklist

1.1	Do you have a formal lease, permit or agreement to use your facilities and are the conditions of this agreement met?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.2	Are your clubhouse facilities safe and adequate (including club rooms, kitchen and canteen, office and administration areas, bar areas, amenities, signage and change rooms)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

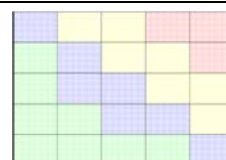
1.3	Are your amenities and change room facilities cleaned and checked regularly?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.4	Are your food preparation areas and food and beverage serving areas cleaned and checked regularly (including display cabinets and bar areas)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.5	Are your storage areas safe and adequate and is your equipment stored securely in these areas and protected from theft and vandalism?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

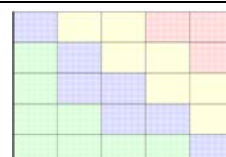
1.6	Is your physical building infrastructure of a suitable standard with regards to health and hygiene (including air conditioning, ventilation and pipe work)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.7	Are your spectator facilities safe and adequate (including shade areas, weather protection, signage, grandstands, seating, fencing and toilets)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.8	Are your car parks, driveways and footpaths safe and adequate?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

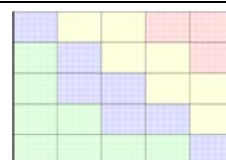
1.9	Are your facilities inspected regularly for uneven surfaces, damage, potholes, correct markings, sharps and other dangerous items and obstructions?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.10	Is unobstructed emergency vehicle access available to all areas?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.11	Does your facility have emergency exit and evacuation points, are these points signed and are your members and visitors made aware of emergency evacuation procedures?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

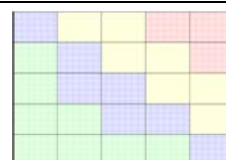
1.12	Is there sufficient lighting in and around your facility to ensure the safe conduct of activities and safe access and egress (including playing areas, car parks and security lighting)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.13	Is electrical equipment and infrastructure inspected and tested regularly by qualified personnel to ensure that it is in proper, safe working order (including switch boards, power points, control gear and leads)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.14	Is plumbing and drainage infrastructure inspected regularly to ensure that it is in proper working order (including irrigation systems, sprinklers, taps, drain pipes and gutters)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

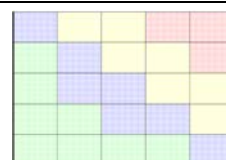
1.15	Does your organisation make regular inspections of all fixed and non-fixed equipment to ensure that it is in proper working order (including posts, padding and administration equipment)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.16	Are your chemicals and fuel stored safely, securely and according to regulations (including signage and Material Safety Data Sheets [MSDS])?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.17	Do you have adequate fire management equipment and systems and are they inspected regularly by qualified personnel (including smoke detectors, fire alarms, sprinkler systems, fire blankets and fire extinguishers)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

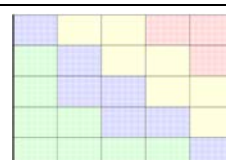
1.18	Do your facilities comply with relevant standards (including training and competition areas, run-off areas and disability access)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.19	Have you addressed any contaminated land issues, native title or cultural heritage pertaining to your facilities?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.20	Do you have a facility development plan addressing your long, medium and short-term facility needs and facility management and maintenance issues?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

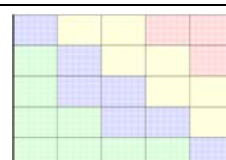
1.21	Do your facilities employ sustainability measures (including water harvesting and recycling, energy efficiency, community sensitivity such as noise restrictions and light spill and environmental sensitivity such as use of fertilisers and pesticides)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.22	Do you have established procedures for waste disposal and recycling?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.23	Do you have a designated first aid room with easy access and clear signage (including ambulance access)?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

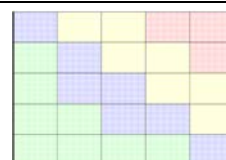
1.24	Is your first aid room of a suitable standard with regards to cleanliness, hygiene and sterility?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.25	Are first aid supplies and equipment checked regularly and stored appropriately?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.26	Have you considered the following insurances?	N/A	Yes	No	Actions Arising?	
					Yes	No
	Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Directors and officers liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Money in transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal accident and injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Products liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Volunteer workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observations: 					Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>	
Responsibility:						

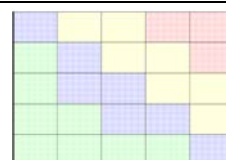
Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.

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1.27	Do your insurance policies cover all activities and are members made aware of the details, limitations and exclusions of the cover?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

1.28	Are your insurance policies reviewed annually?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

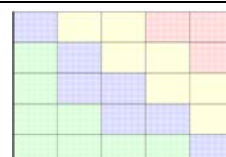
1.29	Are your members aware of the procedures for making an insurance claim?					
N/A	Yes	No	Actions arising?		Observations: 	Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>		
Responsibility:						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.



1.30	Event facilities checklist Have you organised the following for events conducted at your facilities:	N/A	Yes	No	Actions arising?	
					Yes	No
	Car parking areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Car parking management attendants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication during the event (e.g. two-way radios)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crowd control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Directional signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drinking water points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electricity supply (is a generator required?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency evacuation plan and assembly points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency services notification (ambulance, fire and police)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First aid areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First aid personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Food outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lost children procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Media areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Merchandising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Noise management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notification of neighbours and other stakeholders (e.g. council)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photography and video for the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rubbish bins - locations and frequency of emptying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safe access and egress points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security of cash and cash collection points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shade areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signage (including directional and safety signage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spectator seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff and volunteer comfort in hot or wet weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ticketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transport and accommodation for VIPs or guest speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unobstructed emergency vehicle access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Venue cleaning before, during and after the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VIP areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Volunteer and staff briefings and debriefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observations: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					Risk rating: E: <input type="checkbox"/> H: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> NA: <input type="checkbox"/>	
Responsibility: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>						

Checklist completed by:
Name: _____

Date: _____

Signature: _____

Note: Not all risks will be identified using this checklist.

