



EVENT SAFETY CHECKLIST

The Event Director must ensure that all relevant requirements on this Checklist have been checked and signed off.

Ride Details

Name: _____ Date: _____

Location: _____ Distance: _____

Ride Director Details

Name: _____ Phone: _____

Address: _____

		Yes	No	Signature
1.	The Event Committee has referenced and complies with the Ride Organisers Handbook	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Competitors issued with Event Safety documents.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Disclaimer forms returned by competitors.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Emergency Services notified and briefed on event.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Required approvals confirmed: <input type="checkbox"/> Local authority <input type="checkbox"/> Police <input type="checkbox"/> Local land owners. <input type="checkbox"/> National Park <input type="checkbox"/> State Forest <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
6.	Risks assessed (to include): <input type="checkbox"/> Review of existing assessments <input type="checkbox"/> Compile assessments unique to event <input type="checkbox"/> Track inspected.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
7.	Event safety procedures <input type="checkbox"/> Documentation in place <input type="checkbox"/> Participants briefed on procedures <input type="checkbox"/> Event safety personnel briefed <input type="checkbox"/> Emergency access confirmed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Please return form within 14 days of the ride to:
 AERA C/ Kerry Spratt,
 105 Langford Drive,
KARIONG NSW 2250 Fax: (02) 4340 5881