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| **Complete this form and return it with your Application Form for a Forest Permit – Activity**  |
| **GENERAL PERMIT DETAILS** |
| Activity: |  | Activity Date/s: |  |
| Name of event supervisor: |  | Contact Details: |  |
| Name of Safety Supervisor: |  | Contact Details: |  |
| Location: *(e.g. State Forest)* |  |
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| **1ST AID TREATMENT / MEDICAL / EMERGENCY TRANSPORTATION** |
| Will there be emergency services, a first aid provider and/or ambulance on site? | [ ]  Yes [ ]  No |
| Where will they be located? |  |  |
| How will they be identified? |  |
| If not on site, how will emergency medical staff be notified? *(Please mark the boxes below with an ‘x’)* |
| [ ]  Phone (land line) | [ ]  Phone (mobile) | [ ]  Radio |
| [ ]  Driving Victim to Hospital | [ ]  Other (please Specify)  |
| Where relying on mobile phones, reception on site has been checked & coverage is available? | [ ]  Yes [ ]  No |
| Are there event staff or certified volunteers with First Aid Training? | [ ]  Yes [ ]  No |
| Please provide a list of all 1st Aid Trained Personnel and their qualifications: |
| Name | Position | Qualification (Basic / Advanced / Remote / CPR) |
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| Is there a first aid kit on site? | [ ]  Yes [ ]  No | Location? |  |
| Will Police or security services be on site? | [ ]  Yes [ ]  No |
| If Yes, Who? (name of Police station or security firm) |  |
| Are emergency medical staff at event site clearly identified? | [ ]  Yes [ ]  No |
| How? |  |
| Are First Aid and emergency medical stations identified? | [ ]  Yes [ ]  No |
| How? |  |
| Is there easy access for emergency medical staff and emergency vehicles? | [ ]  Yes [ ]  No |
| What is the designated emergency medical transportation? |  |
| Who is the designated driver? | Name:  | Phone Number:  |
| Where is the nearest hospital? | City:  | Ph:  | Km:  | Minutes:  |
| Has the nearest hospital been notified of the event? | [ ]  Yes [ ]  No |
| Is there emergency air transport available? | [ ]  Yes [ ]  No |
| Response time | Minutes:  |
| How will air transport be notified? | [ ]  Phone (landline) | [ ]  Phone (mobile) | [ ]  Radio |
| [ ]  Other (specify)  |
| Has a helicopter landing site been identified? | [ ]  Yes [ ]  No |
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| **EMERGENCY EVACUATION / FIRE EVENT** |
| Has the Rural Fire Service been notified of the event? | [ ]  Yes [ ]  No |
| Will the Rural Fire Service be present at the event? | [ ]  Yes [ ]  No |
| Is there an emergency evacuation plan in the event of a fire? | [ ]  Yes [ ]  No |
| Have evacuation routes been identified? | [ ]  Yes [ ]  No |
| How will they be marked at the event location? |  |
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| **GENERAL PUBLIC / SPECTATOR SAFETY** |
| Will spectators be present? | [ ]  Yes [ ]  No |
| Will there be barriers preventing spectators from entering the site/course? | [ ]  Yes [ ]  No |
| Describe the barriers: |  |
| Will road closures be required? | [ ]  Yes [ ]  No |
| Will there be warning signs? | [ ]  Yes [ ]  No |
| Will there be barricades? | [ ]  Yes [ ]  No |
| Will these be attended at all times? | [ ]  Yes [ ]  No |
| Where road closures are required, a separate Traffic Management Plan has been developed and submitted? | [ ]  Yes [ ]  No |
| Have you completed the ‘Medical Emergency Evacuation Plan Template’? | [ ]  Yes [ ]  No |

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| **RISK MANAGEMENT** |
| *Please identify and list all safety and environmental hazards and risks that are associated with your Forest Permit and provide details of control strategies. For example: slips, trips and falls / snake bite / dehydration / missing person / medical injury / bushfire / general public / spectators / fuel spill / rubbish / extreme weather events / dangerous trees / overhead hazards.* |
| Identified Hazard / Risk | Control Strategy |
| Non-approval of Forest Permit by FCNSW |  |
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| **APPROVAL / SIGN-OFF** |
| Plan Prepared By: |  | Position: |  |
| Signature: |  | Date: |  |