|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | | |
| 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 | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | |
| **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? | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | |

|  |  |
| --- | --- |
| **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 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVAL / SIGN-OFF** | | | |
| Plan Prepared By: |  | Position: |  |
| Signature: |  | Date: |  |