

- | | | |
|--|-----|----|
| ❖ Is it a day of severe fire danger? | Yes | No |
| ❖ Are all participants aware of a safe escape route? | Yes | No |

Comments:

OTHER RISKS IDENTIFIED

- | | | |
|---|-----|----|
| ❖ Are there any other obvious hazards, eg. Trip hazards, faulty equipment, droppers without caps, unpredictable behaviour of animals, snakes? | Yes | No |
| ❖ Are all participants aware of these hazards? | Yes | No |

Manual Handling

- | | | |
|---|-----|----|
| ❖ Are all volunteers prepared to rotate tasks, take regular breaks? | Yes | No |
|---|-----|----|

Comments:

First Aid

- | | | |
|--|-----|----|
| ❖ Is a first aid kit available and accessible? | Yes | No |
| ❖ Are all participants aware a first aid kit is available? | Yes | No |

Name of person/s with first aid qualifications:
Where is the nearest medical facility?

Insect Borne diseases

- | | | |
|--|-----|----|
| ❖ Are all participants aware of insect borne diseases and the need to wear protective clothing and insect repellent? | Yes | No |
|--|-----|----|

FURTHER COMMENTS

Please ensure this form is completed by the trialing committee before each trial starts. Please forward to your State Secretary to be filed for future reference.