Checklist for Activity Risk Assessment

General Information	
Proposed Activity:	Proposed Dates:
Location:	Activity Organizer:
Description of Activity:	
Participants: (Age group; special needs; skill set requirements)	
Instructors/Program Leaders: (Any required qualifications)	
Equipment: (What's required; who's providing; CSA approved)	
Location: (Inside/outside; location suitable for activity)	
Transportation: (Does the Municipality need to provide transport	ation)



Accreditation/PSO/Regulations:



Checklist for Activity Risk Assessment

Department:	Staff Contact:	Telephone #:
Date:	Time:	Name:

	YES	NO	COMMENTS
Equipment			
Will meet CSA standards			
New Equipment/activity course will be designed to standard			
Designed by:			
Formal contract with designer			
Proof of Insurance			
Equipment/course will be inspected (how often)			
Inspected by:			
When not in use equipment will be stored at:			
Heath & Safety			
Protective equipment required			
Provided by:			
Protocol for dealing with allergies developed			
Protocol for storing Epi-pen/medications completed			
Emergency evacuation procedures completed			
First aid kits required to be carried			
Guardian pick-up of children – protocol established			
Transportation			
All drivers have valid driver's licenses			
Proof of Insurance on file for personal vehicles			
Restraints/car seats required			
Vahialaa aguinnad with above			

Vehicles equipped with above



Checklist for Activity Risk Assessment

Department:	Staff Contact:		Telephone #:
Date:	Time:		Name:
	YES	NO	COMMENTS
Location			
Suitable for the activity	-		
Last date of inspection:			
Outstanding maintenance issues			
Site inspection will be completed			
Site inspection completed by:			
Offsite Activities			
Is the location suitable for the activity			
All hazards identified			
Cell phone service available			
Transportation/pick up protocol in place			

Emergency plan developed

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