

Aquatic Activity Risk Assessment and Management Form

ACTIVITY INFORMATION	
Activity type/name:	
Venue/Beach:	
Date:	/ /
Time:	AM / PM
Number of participants:	

RISK ASSESSMENT		
<p>As a minimum, the following factors must be assessed when determining water safety:</p> <ul style="list-style-type: none"> ▪ Surf conditions ▪ Weather conditions ▪ Skill/competency levels of participant/s ▪ Number of participants ▪ Patrol on duty and rescue equipment available for use ▪ Local knowledge of the beach and area to be used ▪ Other location specific hazards 		
Potential Risk: (Please tick if risk has been identified)	Specific Details:	Comments:
Surf conditions are considered dangerous	✓ / *	Swell <input type="checkbox"/> Wave type <input type="checkbox"/> Water depth <input type="checkbox"/> Tides/Current <input type="checkbox"/>
Weather conditions are considered inclement	✓ / *	Wind <input type="checkbox"/> Temperature <input type="checkbox"/> Storms <input type="checkbox"/>
Skill/competency levels of participant/s is low or unknown for the type of activity	✓ / *	No level of skill/competency <input type="checkbox"/> Limited level of skill/competency <input type="checkbox"/> Mixed level of skill/competency <input type="checkbox"/>
Number of participants is high	✓ / *	>40 <input type="checkbox"/> >60 <input type="checkbox"/> >100 <input type="checkbox"/>
No patrol on duty and/or limited rescue equipment available	✓ / *	No patrol on duty <input type="checkbox"/> Limited access to equipment <input type="checkbox"/>
No/limited knowledge of the beach	✓ / *	No knowledge of beach <input type="checkbox"/>
Other location specific hazards	✓ / *	Stingers <input type="checkbox"/> Exposed rocks <input type="checkbox"/> Jetty/wharf <input type="checkbox"/> Debris <input type="checkbox"/>
TOTAL NUMBER ✓:	/ 7	

RISK RATING	
A risk management plan must be implemented if low, moderate or high risk is identified:	
Key risk factors:	Level of risk:
0-2 ticks apply to the activity	Low risk
3-5 ticks apply to the activity	Moderate risk
6-7 ticks apply to the activity	High risk

MINIMUM RATIOS (Please circle corresponding ratio)	RISK ASSESSMENT (water safety personnel : participants)			
	Low risk is assessed	Moderate risk is assessed	High risk is assessed	N/A
UNQUALIFIED PARTICIPANTS	1:5	1:4	Activity to be cancelled	Participant number is under 5. Only water safety supervisor required.
QUALIFIED PARTICIPANTS (SRC/BM Holders)	1:12	1:12	Activity to be cancelled	Participant number is under 12 Only water safety supervisor required.

RISK MANAGEMENT		
If any of the above points are assessed as risks, the water safety supervisor must employ actions to minimise or eliminate the risk.		
Please tick the action undertaken to minimise risk	Comments:	
Increasing the minimum standard ratios	✓ / ✗	
Moving the event to another location that presents less risk	✓ / ✗	
Delaying, postponing or cancelling the event	✓ / ✗	
Ensuring a full patrol is available	✓ / ✗	
Increasing the number of rescue power craft (as appropriate)	✓ / ✗	
Other (Please state)	✓ / ✗	
Other (Please state)	✓ / ✗	

WATER SAFETY SUPERVISOR INFORMATION	
Water Safety Supervisor Name:	
Water Safety Supervisor Signature:	