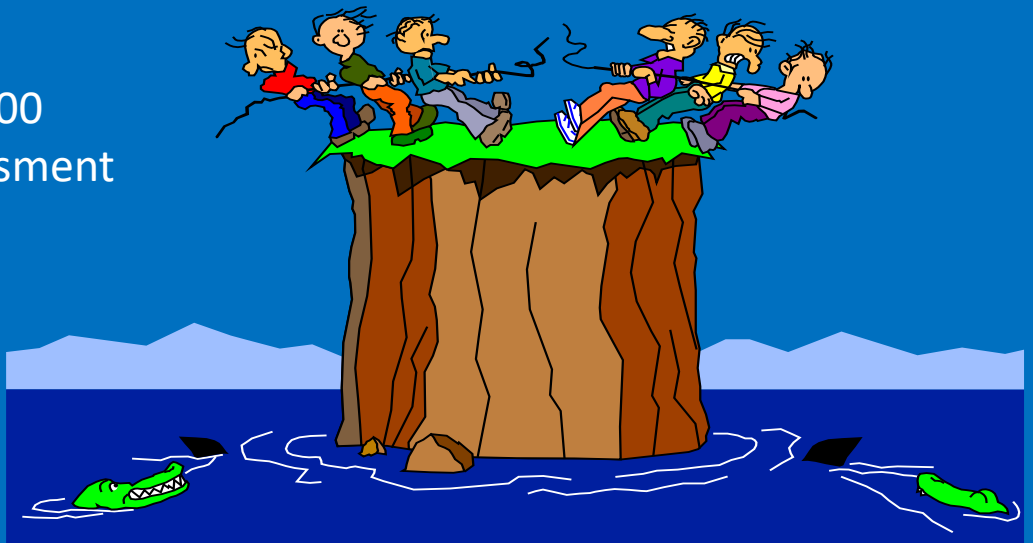


ROTARY:

District 9500
Risk Assessment





CONTACT US:



Vic Isbestor District 9500 Insurance Officer

0412 829 392

Nigel Woolmer District 9520 Risk Assessment Officer

0414 808 313

Risk Assessment Checklists

2019

Checklist 1

General

Revision 2

DATE: 4/2/2019

RISK ASSESSMENT

This form 1 **MUST** be completed for every event. **Then, please** complete the Insurance declaration as well.

Risk Assessment Checklist		NA	C
1.1.1	Name of the event: Dates: _____ Timing from: _____ To: _____		
1.1.2	Identify the nominated responsible person for the event: Acting as: - Principle. Organiser Event Organiser. (Select one) Contact details: Name: _____ Phone number: _____ Address: _____ One member must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted.		
1.1.3	Functions held in a building: Is the owner insured? (Property and Public Liability). Obtain a copy of the insurance certificate? Place it on file. Ensure there is access and egress for Emergency vehicles For ALL Conferences, Rotary meetings, Training sessions, District Assemblies, District Leaders, take a minute to brief the audience on the emergency evacuation arrangements. Check the floors for unevenness, carpets and floor coverings for condition and security.		
1.1.5	Ensure that all Rotarians involved have been briefed as to their duties and responsibilities. Do not roster pregnant women or under-aged juveniles. Use over 80yr old Rotarians advisedly.		
1.1.6	Check the working area and the area used by the public for slip, trip and fall hazards. Place Hazard warning signs where required. Are there handrails provided if and where required?		
1.1.7	Are there emergency evacuation procedures in place? Fire exits clearly marked and are unlocked, exit signs in place and exit routes unobstructed? Clear access/egress for emergency vehicles.		
1.1.8	Does your program or function use the assistance of vulnerable people i.e. children, young people from a Rotary youth program or the elderly or infirm? If so it is a requirement you contact the DISTRICT YOUTH PROTECTION OFFICER , David Binks, dpbinks@senent.com.au before the planning of your activity or event is completed. You will be advised if your event can proceed or proceed with amendments and also what procedures may need to be put in place to comply with Rotary protection requirements, the protection requirements of your state and also our insurance company's protection requirements.		
1.1.9	If St Johns Ambulance Service (or equivalent) are not in attendance, suitable first aid facilities must be in place. Erect 1 st Aid location signs. Toilets sign posted as required.		
1.1.10	Any dangerous chemicals used must be identified and a Material Safety Data Sheet (MSDS) obtained for each. The directions on the MSDS must be strictly adhered to .		
1.1.11	For noisy events, Advise all residents in the proximity prior to the event (by leaflet if necessary). Volume of background music and PA announcements to be kept to minimum.		
1.1.12	Bouncy castles and Trampolines are not covered by Rotary insurance. The provider must carry insurance for these. <i>Please do not get involved!</i>		
1.1.13	Any requirement to work at heights at or above 1.5 meters on ladders scaffolds etc. may not be undertaken without suitable harnesses and approved fall-arrester equipment. No confined space work is to be undertaken.		
1.1.14	Complete the specific function Risk Assessment checklist. (see Checklists 2 to 6 inclusive)		
1.1.15	Using the checklists should have identified all of the risks (and potential risks) to People, the Environment, Assets, Reputation and Security ; For any addition risks which may be noted, use the Risk Matrix and introduce controls to mitigate each risk which has a risk rating of 10 or above to remove the risk or reduce the risk to ALARP. (As low as reasonably possible).		
1.1.16	A Guide for Clubs "What you need to know and do" is attached to this form		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			

A Guide for Clubs

What you need to know and do

- 1) Complete and return Annual Club Insurance/Protection Declaration (ie an Asset Register) to the District Insurance Officer, by 30 April each year.
- 2) Complete an **Insurance Declaration** prior to the commencement of **any** Project.
- 3) A Disclaimer is required to enable participation in **any sport, game, match, race, practice, training course, trial contest or competition** organised by the club.
- 4) Vendors/Stallholders who operate at club organised Markets/Swap Meets or the like must have their own insurance. **“No insurance -- no come”** rule to be strictly applied.
- 5) For all Vendors/Stallholders who purchase the Stallholders Liability Insurance from Rotary it is mandatory to complete the register of these purchasers and to provide a copy of the Stallholders Liability Insurance Flyer to these purchasers.
- 6) If using Rotary Travel Insurance, a **“Fit to Travel”** letter **must** be obtained from a GP
- 7) Offering cover under Rotary Insurance to other entities or bodies is strictly prohibited.
- 8) All Youth Program Volunteers (as defined) must complete a Volunteer Information and Declaration (**Form 3**) prior to any interface with minors.
- 9) Be aware that Rotary has a hot work policy to avoid heat stress when temperatures are elevated, provide drinking water, shade, hats schedule frequent breaks, and should the temperature reach **34°C = 93.2°F** cease work.
- 10) If after setting up for the particular function it becomes necessary to reorganise part of the set up or change locations due to for example, a sudden weather change, or finding that the set-up is in an unsuitable position and the whole event needs to be partially or completely set-up again. Run through the risk assessment elements when the setup is again finally completed to ensure all facets are still applicable and adequate. (this is *“Dynamic Risk Assessment”*).

For further information on Rotary Risk Management & Insurance matters please contact your

District Risk Assessment Officer 0414 808 313

District Insurance Officer.

Checklist 2

Barbeques &

All Food/Cooking Events

Revision 4

DATE: 29/04/2019

RISK ASSESSMENT

Risk Assessment Checklist		NA	C
2.1.1	Name of the event: : All BBQs at Coles, Bunnings and any other ad hoc venues using the Rotary club BBQ equipment Date: As required (or, for example, all of 2019) If this event is to be repeated with identical requirements list the dates on Checklist 1.		
2.1.2	One member must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted.		
2.1.3	Observe approved food handling practices, ideally have all Rotarians with safe food handling training completed on duty. (ISO 22000 refers) Wear Aprons, tie back or cover long hair.		
2.1.4	Designed for short-term use, powder free vinyl gloves offer an effective alternative to latex while providing an effective temporary barrier against biological contaminants. Blue Vinyl gloves provide easy identification in food preparation and this also indicates to the public that Rotary is observing best practices.		
2.1.5	Change gloves when changing the food type being handled. Hand washing should still be undertaken.		
2.1.6	The nominated member handing cash must not handle food. Have Hand washing facilities available		
2.1.7	IMPORTANT. Be aware of all/any additional hazards which may exist specific to the venue being used, (for example if the venue is beside a lake or on a boat etc.) Plan controls/ mitigation of hazards. Anticipate and prepare for the weather conditions.		
2.1.8	Check Barbeques, ovens, other heating or cooling appliances for cleanliness and condition.		
2.1.9	Check all the equipment to be used: - <ul style="list-style-type: none"> ➤ Gas bottles, for condition, seals, connections tight, (it is recommended to use an electronic leak detector). ➤ Check the Regulator for condition and leaks. ➤ Check the gas bottle hose for cracks and other general deterioration. ➤ Use an electronic leak detector. If there is no electronic leak detector: Put some soapy water in a spray bottle, turn on the gas bottle without turning on the BBQ. Spray the entire valve, regulator and hose assembly with the soapy water. ➤ Bubbles will form if there is a gas leak and you may also smell gas. When done, rinse with clean water to remove the soap solution. ➤ Ensure that the BBQ non-stick sheets are clean. ➤ Line the drip tray with foil and put a layer of sand in the tray to absorb the fat and lessen the likelihood of flare-ups. Clean after use. ➤ NEVER spray water on BBQ flare ups or on any grease fire. 		
2.1.10	Fire extinguisher/s in date and in position. Fire blankets in place if required.		
2.1.11	Use a suitable meat thermometer to sample meat to ensure that it is adequately cooked.		
2.1.12	Where to Place Your BBQ for Use Adequate ventilation is essential when using a BBQ to allow the gas to burn and burnt gases to dissipate. Gas BBQs should NEVER be used indoors because of the risk of toxic fumes, smoke or even fire. BBQs should never be used near flammable objects and children should be kept safely away from electric / gas BBQs and gas bottles. BBQ Emergency Procedures If any leakage from the valve of a BBQ gas bottle is detected or suspected, move the gas bottle to a safe location at least 20 metres from any possible source of ignition. Check valve is turned off. Keep away from flames and sparks and hose with water. If it is not possible to stop the leak, keep the leak uppermost so that only gas, and not liquid, escapes. Keep hands and face away from any escaping gas or liquid. In an emergency dial 000 for Fire Brigade or Police - Immediately.		
2.1.13	All electrical equipment and extension leads should be in good condition and have evidence of being tested and carry current test tags.		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			

RISK ASSESSMENT

Risk Assessment Checklist		NA	C
3.1.1	Complete Checklist 1. Name of the event: Date: If this event is to be repeated with identical requirements list the dates on Checklist 1.		
3.1.2	One member must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted. 1 st Aid provisions in place. Firefighting equipment on site?		
3.1.3	Venue permission obtained, (Land owner, Government , Council, Sporting entity etc.) preferably written. Comply with any conditions/instructions attached.		
3.1.4	Comply with the Rotary National Insurance Program Stallholders insurance overview. (next page). Complete form and send to Rotary District Insurance Officer		
3.1.5	Stall holders must carry their own insurance and must produce a copy. <i>(There are some dedicated Aon Market Trading insurances available)</i> NB. The sale of used electrical goods is not permitted.		
3.1.6	Bouncy Castles, Trampolines, Pony Rides, Mechanised rides fairground rides etc. must carry their own insurance. <i>Please do not get involved!</i>		
3.1.7	Under Work Health and Safety Legislation (All states and Territories) we are obliged to: - <ul style="list-style-type: none"> ➤ Provide Safe work premises. ➤ Assess risks and implement control measures as required. ➤ Ensure safe use and handling of goods and substances ➤ Provide and maintain safe machinery and materials ➤ Assess workplace layout and provide safe systems of work ➤ Provide a suitable working environment and facilities ➤ Have insurance and in some cases workers compensation in the case of employees. ➤ IMPORTANT. <i>Be aware of all/any additional hazards which may exist specific to the venue being used, (for example if the venue is beside a lake or on a boat e.g.) Plan controls/ mitigation of hazards. Anticipate and prepare for the weather conditions.</i> 		
3.1.8	To satisfy the above (3.1.7) carry out a detailed inspection of the site and ask the appropriate questions. The legal obligations will vary according to circumstances and industry. In some cases, you may need to seek legal opinion as to what is applicable to your specific situation. Peter Kaye is the contact. <i>(page 8 of the Stallholders Insurance Overview)</i>		
3.1.9	Ensure everyone involved that under WHS requirements they must:- <ul style="list-style-type: none"> ➤ Comply with instructions given for work health and safety. ➤ Use any provided personal protective equipment (PPE) and must be properly trained in how to use it. ➤ Not willfully or recklessly interfere with or misuse anything provided for WHS at the workplace ➤ Not willfully place others at risk and, ➤ Not willfully injure themselves. 		
3.1.10	If your market stall obstructs the footpath, you may need to obtain a footpath usage or obstruction permit from your local council. This permit helps to protect public safety and ensures that the natural environment is cared for. You can find out from the market organiser if they obtain this permit on your behalf, or if you'll need to obtain one yourself. If you do need to obtain the footpath usage/obstruction permit to hold a market stall, you can search the Australian Business License and Information Service (ABLIS) to find one relevant to your local council.		
3.1.11	The sale of alcohol requires a license and the selling of alcohol is restricted to persons over 18 years		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			



Rotary National Insurance Program

Stallholders Insurance Overview

March 2017

Coverage Summary

Insured

Declared stallholders of markets which are arranged by Insured Rotary members

Period of Insurance

From 4.00 p.m. on 30th June 2017) Local

To 4.00 p.m. on 30th June 2018) Time

Limit of Liability

Public Liability \$10,000,000 any one occurrence

Products Liability \$10,000,000 any one period of insurance

Deductible

\$500 each and every claim

Premium Per Stall

\$6.00 per stallholder, per market inclusive of statutory charges and GST.

Rotary Club's Responsibilities

1. Maintain a record of all Stallholders that require to be covered by this Insurance. Please use the attached template – “Rotary Insured Stallholders 2016 Register”.
2. Give every Stallholder that purchase this Insurance a copy of the Policy Summary that highlights the exclusions.
3. Ensure that the markets are conducted in accordance with all local legislation requirements in particular Occupational, Health & Safety.
4. Report any incidents to your DIO as soon as possible but no greater than 30 days from the date of the incident.

Rotary Insured Stallholders 2017 Register

Name of Market	
Address of Market	
Date of Market	
Time of Market (commencement to completion)	
Name of Stallholder	
Contact Details of Stallholder	
Telephone Number	
Postal Address	
Type of Stall (e.g. Food, Clothing, Furniture)	
Limit of Public Liability Limit of Products Liability	\$10,000,000 any one occurrence \$10,000,000 any one period of insurance
Deductible:	\$500 each and every claim

General Exclusions

As with any insurance policy, there are exclusions. Listed below is an extract from the policy wording. We recommend that you take the time to read the wording for full policy limits and exclusions.

- Second hand mechanical goods, electrical goods and toys (new mechanical/electrical goods and toys will be covered);
- Medicines, potions, oils, fragrances, soaps and beauty products (but oils, fragrances, soaps and beauty products will be covered if predominantly consisting of natural ingredients);
- Hazardous, flammable or dangerous goods.
- Massage, manipulation, chiropractic or similar;
- There is no cover for massage therapies or treatments provided by stallholders.

Market Liability Insurance Declaration

Please complete the details below and attach payment when sending

Name of Rotary Club and District: []

Name of Market: []

Dates of Market: []

Market Location: []

Contact Name: []

Phone Number: []

This is payment for _____ (total number of) stallholders at the rate of \$6.00 each

Total \$ _____

☐ Paid into Bank Account on - / - / -

☐ Cheque payable to **One Underwriting Pty Ltd** attached

Please tick whichever is applicable

Signature: _____

Date: _____

Please make payment direct into our bank account as follows:

Financial Institution Name: National Australian Bank

Account Name: One Underwriting Pty Ltd S981B Trust Account

BSB No: 083-155

Account No: 559083425

Please include the name of your Rotary Club as reference with your payment

This Declaration and any payments by cheque to be sent to:

One Underwriting Pty Ltd

Level 30,

201 Kent Street,

Sydney NSW 2000

In the event of an accident/claim

REPORTING INCIDENT

Please report all incidents to:

Fax: 1300 858 329

Email: insclaims@proclaim.com.au

PROCLAIM HELP DESK - 03 9660 5200

For all other enquiries:

Maria Rosman

Manager Insurance Liability Team

Locked Bag 32012

Collin St East, VIC 8003

Phone: 03 9660 5257

Contact Details

Rotary Insurance Program

National Insurance Committee Member	Peter Kaye
Email Address	pkaye1@bigpond.com
Contact phone number	07 4779 5394

Aon Risk Services

Service Executive	Dominic Cannonr
Email Address	dominic.cannon@aon.com
Contact phone number	07 3223 7467
Client Manager	Michael Hambleton
Email Address	michael.hambleton@aon.com
Contact phone number	07 3223 7554

Note

Please note this presentation is not intended to replace the policy schedule and wording. We recommend that you review these documents at least annually to ensure that they meet your needs and requirements.

DATE: 6/2/2019

Risk Assessment Checklist		NA	C
4.1.1	Name of the event: Date: If this event is to be repeated with identical requirements list the dates on Checklist 1.		
4.1.2	One member or a member of the organisation hired for the function must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted. Tickets are pre-sold.		
4.1.3	Theatre, Hall, Conference / Auditoria / Hall must be insured, and a copy made available.		
4.1.4	All other venues, eg. Registration venue, Dinner / Restaurant venues / House of Friendship etc. Must be insured.		
4.1.5	At all venues 1 st Aid provisions in place. Full fire detection and fighting facilities in place. MCs to formally detail evacuation protocols at commencement of each event.		
4.1.6	Under Work Health and Safety Legislation (All States and Territories) venues are obliged to: <ul style="list-style-type: none"> ➤ Provide Safe work premises. ➤ Assess risks and implement control measures as required. ➤ Ensure safe use and handling of goods and substances ➤ Provide and maintain safe machinery and materials ➤ Assess workplace layout and provide safe systems of work ➤ Provide a suitable working environment and facilities ➤ Have insurance and in the case of employees, workers compensation. 		
4.1.7	IMPORTANT. Be aware of all/any additional hazards which may exist specific to the venue being used, (for example if the venue is beside a lake or on a boat etc.) Plan controls/ mitigation of hazards. Anticipate and prepare for the weather conditions.		
4.1.8	To satisfy the above (1.1.5) carry out a detailed inspection of the site and ask the appropriate questions. The legal obligations will vary according to circumstances and industry. In some cases, you may need to seek legal opinion on what is applicable to your situation. Peter Tiffin is the contact		
4.1.9	Remind venues involved that under WHS requirements they must: <ul style="list-style-type: none"> ➤ Comply with instructions given for work health and safety. ➤ Use any provided personal protective equipment (PPE) and must be properly trained in how to use it. ➤ Not willfully or recklessly interfere with or misuse anything provided for WHS at the workplace. ➤ Not willfully place others at risk and, ➤ Not willfully injure themselves. 		
4.1.10	Where there is a stage provided and access from the auditorium floor is via steps there must be handrail/s provided. Mosh pitting and all similar practices will not be permitted. Floors and stairs fully compliant with latest standards.		
4.1.11	The sale of alcohol requires a sellers license and selling restricted to over 18s only Catering staff to serve.		
4.1.12	All venues to be fully disabled person friendly. Lifts provided and disabled seating provisions.		
4.1.13	All venues must have clear emergency vehicle access and egress.		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			

Checklist 5

RISK ASSESSMENT

Calperum / Tree Planting, Outside project type activities, Duck Races, Motor cycle and Bicycle runs etc.

Revision 1 DATE: 4/2/2019

Risk Assessment Checklist		NA	C
5.1.1	Name of the event: Date: If this event is to be repeated with identical requirements list the dates on Checklist 1.		
5.1.2	One member must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted. Tickets are pre-sold.		
5.1.3	IMPORTANT. Be aware of all/any additional hazards which may exist specific to the venue being used, (for example if the venue is beside a lake) Plan controls/ mitigation of hazards.		
5.1.4	All outside functions: Study the weather forecast for the area so that you know what to expect. Do not continue work in high heat (see notes on Form1) or very cold environment. Heat stress is very dangerous. Provide sun screen, bottled water and mosquito / insect repellent. While high temperatures and humidity are obviously risk factors, other contributing factors are: physical demands of tasks, degree of acclimatisation, health status, with the risk increasing if the person is over 60 years of age, is overweight, has heart disease or high blood pressure, takes medications that may be affected by extreme heat is under the influence of alcohol or other drugs. Wherever possible, avoid exposure to extreme heat, sun and humidity.		
5.1.5	Outside functions. Dress appropriately, Hi Viz jackets where exposed to any traffic, keep well covered, long trousers, closed in shoes or boots, sunglasses, insect repellent, bottled water and a sun hat. Eg. In Calperum snakes are plentiful in spring summer and autumn! Avoid long grass. If your work is in a remote location, ensure that someone at the base camp knows where your group is going to. Roadside clean-up. Clear briefings on the task and dangers, disposal of rubbish		
5.1.6	Under Work Health and Safety Legislation (All States and Territories) venues are obliged to: - <ul style="list-style-type: none"> ➤ Provide Safe work environment. ➤ Assess risks and implement control measures as required. ➤ Ensure safe use and handling of goods and substances ➤ Provide and maintain safe machinery and materials ➤ Assess workplace layout and provide safe systems of work ➤ Provide a suitable working environment and facilities ➤ Have insurance and in the case of employees, workers compensation. 		
5.1.7	Remind everyone involved that under WHS requirements they must <ul style="list-style-type: none"> ➤ Comply with instructions given for work health and safety. ➤ Use any provided personal protective equipment (PPE) and must be properly trained in how to use it. ➤ Not willfully or recklessly interfere with or misuse anything provided for WHS at the workplace ➤ Not willfully place others at risk and, ➤ Not willfully injure themselves. 		
5.1.8	A water safety plan must be developed to suit the local requirements on the day and such safety equipment as required is to be provided. Ensure that everyone involved is fully briefed on the requirements.		
5.1.9	<ul style="list-style-type: none"> ➤ Machinery and lawn mowers etc. for condition, all guards fitted and effective. ➤ Tools in general use PPE as required ➤ Be aware of any bushfire warnings or bushfire bans. ➤ Consider the risk of fire before grinding, welding, slashing, mowing, or driving vehicles or plant through dry grass, pastures or crops. Driving vehicles with catalytic converters through dry vegetation is particularly hazardous. 		
5.1.10	Motor cycle / Bike riding events: Check serviceability of motor bikes/bicycles, wheels, tyres, chains etc. Ensure that riders are competent (There was an instance of an overseas exchange student entering a bike riding event never having ridden a bicycle before!). Hi Viz clothing, gloves, safety helmet, gloves, appropriate closed in shoes (NO thongs), sun screen provided, sun glasses, insect repellent, bottled water. Lights if required. Exact route planning in place, emergency arrangements detailed. Support vehicles.		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			

RISK ASSESSMENT

Risk Assessment Checklist		NA	C
6.1.1	Name of the event. COLD PLUNGE (Rotary Club of Glenelg) (<i>this is inserted as a typical event</i>) <i>(For each special function fill in your task, your club and number the details to suit.)</i> Date:		
6.1.2	Every participant <u>must</u> sign an Indemnity Form prior to participation.		
6.1.3	One Rotary member or a member of the SLSC must carry a mobile phone with current emergency Police, Fire and Ambulance numbers inserted.		
6.1.4	SLSC personnel provide safety briefing, provide rescue vessels, have a warning siren or device and maintain a safety watch.		
6.1.5	A water safety plan must be developed to suit the local requirements on the day and such safety equipment as required is to be provided. Ensure that everyone involved is fully briefed on the requirements.		
6.1.6	When the participants enter the water and for the duration of the plunge, there must be an appropriate number of lifesavers in the water with them maintaining a close watch.		
6.1.7	1 st Aid provisions in place.		
6.1.8	Remind participants involved that under WHS requirements they must: <ul style="list-style-type: none"> ➤ Comply with instructions given for work health and safety. ➤ Use any provided personal protective equipment (PPE) and must be properly trained in how to use it. ➤ Not willfully or recklessly interfere with or misuse anything provided for WHS at the workplace ➤ Not willfully place others at risk and. ➤ Not willfully injure themselves. 		
6.1.9	Hot showers to be provided.		
6.1.810	IMPORTANT. Be aware of all/any additional hazards which may exist specific to the venue being used, (for example if the venue has been changed etc.) Plan controls/ mitigation of hazards. Anticipate and prepare for the weather conditions.		
Approval	Sign: _____ Date: _____		
Note: NA = Not applicable, C = Complied with.			

Personal Details

Name:	
-------	--

This form must be completed and forwarded to the District Insurance Officer 3 weeks prior to travel.

Place a tick in either 'Yes' or 'No'. Where the question is not applicable to your travel – tick 'N/A'.

Please provide brief details for any question that you have ticked 'Yes'.

Destinations(s):	
------------------	--

Purpose of Travel:		Is this trip to include holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	--	-----------------------------------	--

Contact details (eg. Mobile phone, local phone, email):	
---	--

Your Travel

What is your length of stay? Details:	
---------------------------------------	--

Is this your first visit to the location? Details:	
--	--

Are you travelling alone? Details:	
------------------------------------	--

Are you meeting Rotarians? Details:	
-------------------------------------	--

Your Health

Do you have any medical conditions that may be aggravated by this travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	---

Please provide details:	
-------------------------	--

Is the destination at risk of infectious diseases for which no vaccination is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

Please provide details:	
-------------------------	--

Do you require specific medications that may be difficult to obtain at your destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

Please provide details:	
-------------------------	--

Will you be carrying prescription drugs with you? <i>Be aware some countries have different drug laws (view Travel Doctor tmvc.com.au)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

Please provide details:	
-------------------------	--

You MUST disclose to the insurer details of any pre-existing medical/health condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	---

Please provide details:	
-------------------------	--

Are you travelling against the advice of a qualified medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

Please provide details:	
-------------------------	--

Natural Environment

Will you be exposed to climatic extremes (eg: excessive heat, cold, humidity, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

Please provide details:	
-------------------------	--

Is the location subject to extreme weather or natural events (eg: hurricanes, Tornadoes, earthquakes, flooding, avalanche, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
---	---

Do you intend to undertake:	<input type="checkbox"/> Motor racing, <input type="checkbox"/> Motorcycle racing, <input type="checkbox"/> BMX, <input type="checkbox"/> Horse riding, <input type="checkbox"/> Rock climbing, <input type="checkbox"/> Hand gliding, <input type="checkbox"/> Surfing, <input type="checkbox"/> Parachuting, <input type="checkbox"/> Paragliding <input type="checkbox"/> Flying (except RPT – Regular Public Transport).	<input type="checkbox"/> Cycle racing, <input type="checkbox"/> Bungee jumping,
-----------------------------	---	--

Please provide details:	
-------------------------	--

CHECKLIST 7 (page 2 of 3)
TRAVEL RISK ASSESSMENT cont...

Wildlife	
Will you have contact with domestic, wild or feral animals (ie: physical injury, infectious diseases etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Will you have contact with biting/stinging reptiles or insects (other than mosquitoes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Eating and Drinking	
Will the destination have difficulty providing reliable/safe drinking water/ice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Will the destination have difficulty providing reliable/safe food (ie: cooked and uncooked?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Accommodation	
Will there be difficulty obtaining reliable and adequate commercial accommodation (eg: hotels)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will there be difficulty obtaining reliable and adequate domestic accommodation (developed domestic homes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will there be difficulty obtaining reliable and adequate rural – 'village-style' Accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accommodation is mainly provided by: <input type="checkbox"/> Rural domiciles <input type="checkbox"/> On board river/sea vessel <input type="checkbox"/> Motor vehicle/Campervan <input type="checkbox"/> Camping <input type="checkbox"/> Bivouacking/hiking	
Is local sanitation poor or inadequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Socio-Cultural Environment	
Are you familiar with the local environment (eg: laws, religion, culture, customs, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have any knowledge of local languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Technology and Infrastructure	
Is there difficulty obtaining adequate and reliable emergency services (eg: police, ambulance etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there difficulty obtaining adequate and reliable medical care (eg: hospitals, first aid, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the local power supply poor or unreliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are safety standards for equipment and operation significantly below those of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Work Environment	
Are you undertaking work in confined spaces or working at heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you working with or exposed to hazardous chemical/radiation sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you working with plant, industrial, agricultural or other potentially hazardous equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A




Transportation	
If you are undertaking significant travel using railway systems, is the system unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant travel using ferries/charter vessel services, are they seen as unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant domestic air travel, is it seen as unreliable or unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you are undertaking significant road travel, are local road, traffic and vehicle conditions considered unreliable or unsafe? NOTE: For over 75 yr old travellers - most hire car companies require a letter from your GP stating you are fit to drive.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Communications	
Will you be out of mobile phone network coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will contact via landline, phone, fax, email be difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will your travel plans be subject to sudden and/or frequent changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security	
Is the destination at risk of infectious diseases for which no vaccination is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the destination(s) regarded as risky from a violent crime perspective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there active terrorism and/or civil unrest in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you taking Rotary related assets with a value of greater than AU\$1,000 ie: laptop)? If so describe below – what precautions will be taken against theft.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Are you visiting any specific sites that may be seen as attractive targets for violent civil protest or terrorist actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
In the event of a crisis requiring emergency evacuation, have you a detailed plan to leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please provide details:	
Have you read the Travel Advisories / Warnings of the Department of Foreign Affairs and Trade (DFAT) and City Brief?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name: _____ Signed: _____ Date: _____	
District Use Only	
Outcome of assessment:	
Assessment conducted by: _____ Date processed: (dd/mm/yyyy): <div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </div>	

INTEGRATED RISK MATRIX



ROTARY District 9500/9520

INTEGRATED RISK MATRIX



CONSEQUENCE (SEVERITY)

	People	Environment	Assets	Reputation	Security			LIKELIHOOD						
								Historical:	"Unheard of in Rotary"	"Has occurred once or twice in Rotary"	"Has occurred many times in the Rotary, but not in the Club"	"Has occurred once or twice in the Club"	"Has occurred frequently in the Club"	"Has occurred frequently at the function".
								Frequency: (Continuous Operation)	Once every 10,000 – 100,000* years, at location.	Once every 1,000 – 10,000 years at location.	Once every 100 – 1,000 years at location.	Once every 10 – 100 years at location.	Once every 1 – 10 years at location	More than once a year at location or continuously.
								Probability: (Single activity)	1 in 100,000 – 1,000,000*	1 in 10,000 – 100,000	1 in 1,000 – 10,000	1 in 100 – 1000	1 in 10 – 100	>1 in 10
									1	2	3	4	5	6
									Remote	Highly Unlikely	Unlikely	Possible	Quite Likely	Likely
	> 20 Fatalities (or Permanent Total Disabilities) (PTD).	Regional scale (>100 km²). Long term (decades) impact.	>A\$1000M	International concern.	Extreme risk Terrorist type activity Action required by authorities	6	Catastrophic							SEVERE
	4-20 Fatalities (or PTD).	Large scale (10-100 km²). Long term (decades) impact.	A\$100M - A\$1000M	Persistent national concern. Long term 'brand' impact. Major venture/asset operations severely restricted.	Major risk Action required by authorities required	5	Massive							
	1-3 Fatalities (or PTD).	Medium scale (1-10 km²). Short term (months) impact.	A\$1M - A\$10M	Medium term national concern. Minor venture or minor asset operations restricted or curtailed.	Major risk Reportable to authorities	4	Major					HIGH		
	Major Injury/Illness, Permanent Partial Disability (PPD) or Lost Work Case LWC >4days.	Medium scale (1-10 km2). Short term (months) impact	A\$1M - A\$10M	National bad mention. Short term regional concern. Close scrutiny of Asset level operational/ future proposals.	Considerable risk. Reportable to authorities	3	Moderate				MEDIUM			
	Minor Injury/Illness, Restricted Work Case (RWC) or LWC <4days.	Localised (<1 km2) Short term (weeks) impact.	A\$100k – A\$1M	Short term local concern. Some impact on asset level non-production activities.	Slight risk	2	Minor							
	Slight injury/illness. First Aid Case (FAC) not affecting work performance.	Localised (immediate area) Temporary impact (days).	<A\$200k	Local mention only. Quickly forgotten. Freedom to operate unaffected.	Zero risk	1	Slight	LOW						

For more detailed definition of consequences, refer to the appropriate detailed methodologies.

*Incidents with a frequency of less than once every 100,000 years (continued operation) or a probability of less than 1 (single activity) can reasonably be screened out on the basis of low likelihood.