

Outings Risk Assessment Tool

Outing destination.....

Date.....

Contact person.....phone number

Directions.....

.....

.....Cost.....

Emergency Phone Numbers

- Mobile emergency number 000 or 112
- Ambulance 000
-
-
-

Equipment / activities to take:

Mobile phone, personal care bag, spill kit, Aeroguard, camera, sunscreen, hats, lollies, account or letter to clubs, games, CD's Other.....

Location Facilities

Please circle

Comments

Rest rooms: None Wheelchair accessible _____

Shelter: None Enclosed (BBQ Y / N) _____

Steps: Number _____ None Wheelchair accessible _____

Seating: None Seats with backs _____

Tables: None Accessible to most _____

Walks /Trails: None Wheelchair accessible _____

Outings Risk Assessment Tool (cont)

Terrain: Hilly Uneven Flat _____

Parking: None Wheelchair accessible _____

Fire Exits: None Wheelchair accessible _____

Completed by: Signature:

Designation: Date:

Please fill in this evaluation after each visit, noting any changes that may have occurred since last attendance.

Outing Risk Assessment Evaluation

Outing Date: _____ Evaluation/Comments: _____

Completed by: Signature:

Designation: Date:

Outing Risk Assessment Evaluation

Outing Date: _____ Evaluation/Comments: _____

Completed by: Signature:

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Outing Risk Assessment Evaluation

Outing Date: _____ Evaluation/Comments: _____

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