

4.16 Pre WBC field activity operation risk assessment form – for schools

WBC weather assessment (completed at least 3 hours prior to the planned activity start time).

Forecast notes: (use internet search such as met service and LINZ appropriate for your site to determine information on, rain, tide, temperature, visibility and flow)

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Weather assessment decision (circle one) Proceed or Delay or Relocate

Water quality assessment for brackish waters, waters proximate to sewage and run-off inlets, at places of animal access and at populated waterways or city ports

Water quality assessment decision (circle one) Proceed or Delay or
Relocate

Once on site. This form must be completed at the start of any guided field operation. Notes within the grid are there for guidance only. Use your judgement very carefully, be conservative and allow for specific local conditions. Threat each column separately and feel free to add your own notes. Tick your score in each column and then add your score up.

Site name: Date:

Name of school/group:
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Score	Age (of youngest)	Experience of supervisors and/or volunteers	Environment (depth and flow, tidal movement)	Weather (variable on the day)
1	Adult group (18+)	Majority of parents experienced people (have come fully prepared etc.)	Safe entry No swift flow	
2	13 – 18 (Year 9-13)			Weather fairly suitable for the day
3	11 – 12 (Year 7-8)		Visibility	
4	9 – 10 (Year 4-6)		Wrong tide for site	
5	7 – 8 (Year 2-3)	Never met the adult supervisors	Deep pools	



6	5 – 6 (Year 0-1)	Adults not well briefed or prepared e.g. wearing unsuitable footwear	Strong flow	
7	0-4 (Early childhood)	Adults challenging the processes and instructions of the leader	Rapids, deep pools and a high tide	Heavy rainfall and flooding
Score				

Total score (all 4 columns):

low risk 4 – 9	Medium Risk 10 – 17	High Risk 18 – 22	Unacceptable Risk 23 +
Conditions suitable		Hazards beyond the experience of the group. Consider and document additional procedures	Hazards beyond the experience of the group. Alternative location should be assessed.

Notes on any extra management steps taken to minimise any risks for the day:

Name of WBC leader:

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Signature:

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Once participants arrive

- Total number of students, teachers and adults present on the day:

Personnel Onsite:	Group One:	Group Two:	Group Three:
WBC Coordinators:			
Teachers/teacher aides:			
Adults (parents/whanau):			
Students:			
WBC Volunteers			
TOTAL:			

(for head count in the event of an emergency)

- Medical conditions should be discussed and documented;
- Teacher declaration needs to be signed on the back of this form;
- Volunteer forms filled in (if you bring any).

Procedures to be activated (if applicable but not limited to)

- Increased supervision
- Boundary restrictions
- limiting extent of participation (depth and distance)
- Extended briefing for supervising adults - site specific and/or dynamic hazard management
- Provide specialised equipment such as rope strung up along downstream of study site.
- In some cases withdrawal from activity if safety is compromised

Medical condition and ability management notes: (epilepsy, diabetes, asthma, heart condition, allergy, seizures of any type, anxiety issues around water/crowds etc. for example)

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Teacher/group leader medical, supervision declaration and risk acknowledgment

As the school teacher in charge/representative on the day responsible for the schools Health & Safety, I confirm that I have collected the relevant consent forms for the students to participate in the activity today. I can confirm that I have disclosed any medical conditions/ ability issues to the WBC leader and discussed the management of any of these conditions and that all students/group are in my opinion fit to participate. I can also confirm that the adults and volunteers that the school has provided are suitable for the supervision role¹.

Risk disclosure statement

I hereby acknowledge the risks associated with this activity. I fully understand and have read the potential risks and risk reduction strategies identified in the Site Specific RAFS provided by WBC for the planned activity.

Name of school/group: Date:

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Name of school H & S representative:

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Signature:

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Name of WBC leader:

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Signature:

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Safety briefing record (please tick):

- Participant briefing complete
- Separate briefing for ‘supervising’ adults and ‘shore observer’ role’s complete

Name of WBC leader:

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Signature:

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¹ The role of ‘supervisor’ is to assist and supervise the student’s with the activity and are expected to be confident, fit, healthy and free from the influence of drugs or alcohol.



WBC leader post activity review notes:

What went well?

What went wrong?

Ideas for improvements?

Any incidents, accidents, near misses to report? (if yes, please fill in the form ASAP (no later than 3 days after the event and email to the national coordinator). Please note in the event of a serious accident, death or near miss that could have caused serious harm you must let the national coordinator know immediately). Any free lessons?

Yes/No

If yes, detail key notes below if you can't fill in the form immediately – to refer to later.

