

**UNITEC SAFETY PLAN – Events AND Off Campus Experience**

|  |  |  |
| --- | --- | --- |
| **Name and Pathway:** |  | **Class Number:****Number of Attendees** **Attached if Required:**[ ]  **Site Specific Safety Plan**[ ]  **Emergency Management Procedure**[ ]  **H&S Policy**[ ]  **Risk Register** |
| **Location:** |  |
| **Setup OR Departure Date:** |  |
| **Duration:** |  |
| **Pack Down OR Return Date:** |  |
| **Contact Number:** |  |
| **Description:** |  |

**Instructions:**

* To ensure that Health, Safety and Environmental risks in regard to **your Event or Off Campus Experience** are identified and controlled, **please complete the Safety Plan below**. For detailed safety assistance consider contacting the Unitec, Health and Safety Team.
* As the organiser, you are required to do a risk assessment for the environment you wish to hold your event or off campus experience in. Any risks identified need to be mitigated with controls. All staff and students in attendance are to be informed of these risks and controls and acknowledge this by signing their name at the end of the document.
* The responsibility of the organiser is to ensure the plan is followed. It is also **YOUR** responsibility to ensure compliance with the requirements of appropriate legislation i.e. Health and Safety at Work Act 2015**;** Health and Safety at Work (General Risk and Workplace Management) Regulations 2016; Hazardous Substances and New Organisms Amendment Act 2015 and Transport and Building Acts etc.
* Please identify the risks in the following pages, and describe how each potential risk can be managed to eliminate or reduce potential for harm to a person. **Ask yourself “what if?”**.
* Please refer to the risk assessment matrix below. When performing a risk assessment, you need to consider the likelihood of a risk causing harm to a person or persons **AND** the severity of injury that could result.
* Please complete the checklist before completing the safety plan below.

***Hierarchy of Controls – Health and Safety at Work Act 2015 and Health and Safety at Work (General Risk and Workplace Management) Regulations 2016***

|  |
| --- |
| **HIERARCHY OF CONTROLS** |
| CONTROL | DESCRIPTION |
| Eliminate | You must first attempt, where reasonably practicable, eliminate the risk to health and safety |
| Substitute | If the risk cannot be eliminated, you must substitute (wholly or partly) the hazard with that of a lesser risk |
| Isolate | If you cannot substitute the risk (wholly or partly), you must isolate the hazard to prevent any person coming into contact with it |
| Engineering Controls | If you cannot isolate the hazard, you must implement engineering controls to reduce the risk |
| Administrative | If the risk still remains, you must implement administrative controls i.e. training, policies, procedures |
| PPE | If the risk still remains, you must ensure provision and use of personal protective equipment |

***Unitec Risk Assessment Matrix***

|  |  |
| --- | --- |
| **LIKELIHOOD:**The chance of a risk causing harm to a person(s)Consider:1. Number of people exposed
2. How often they are exposed
3. How long they are exposed
 | **SEVERITY:**The injury or illness that could result from being exposed to a risk |
| **5** | **Almost Certain:** Common or repeated occurrence, no riskcontrols in place | **5** | **Extreme**: Multiple fatalities |
| **4** | **Likely:** Known to occur | **4** | **Major:** Single fatality, extensive injuries, long term illness or lost time injury (LTI) |
| **3** | **Possible:** Some risk controls in place | **3** | **Moderate:** Medical treatment required, or restricted / modified duties required |
| **2** | **Unlikely:** Not likely to occur, risk controls in place are mostly effective | **2** | **Minor:** Superficial or first aid treatment |
| **1** | **Rare:** Practically impossible, effective risk controls are in place | **1** | **Insignificant:** No injuries or damage to health |

|  |  |
| --- | --- |
|  |  **Severity** |
|  **Likelihood**  |  **1****Insignificant** |  **2** **Minor** |  **3** **Moderate** |  **4** **Major** |  **5****Catastrophic** |
| **5 Almost Certain** |  **Medium** **(11)** |  **Medium** **(16)** |  **High** **(20)** |  **Extreme** **(23)** |  **Extreme**  **(25)** |
| **4 Likely** |  **Medium** **(7)** |  **Medium** **(12)** |  **High** **(17)** |  **High** **(21)** |  **Extreme** **(24)** |
| **3 Possible** |  **Low** **(4)** |  **Medium** **(8)** |  **Medium** **(13)** |  **High** **(18)** |  **High**  **(22)** |
| **2 Unlikely** |  **Low** **(2)** |  **Low** **(5)** |  **Medium** **(9)**  |  **Medium** **(14)** |  **High**  **(19)** |
| **1 Rare** |  **Low** **(1)** |  **Low** **(3)** |  **Low** **(6)** |  **Medium** **(10)** |  **Medium** **(15)** |

|  |
| --- |
| **HAZARD CHECKLIST – *Including but not limited to:*** |
| **CATEGORY** | **HAZARD** | **CATEGORY** | **HAZARD** |
| Setup / Pack Down | [ ]  Access / Egress[ ]  Carrying / Lifting[ ]  Distance to setup area[ ]  Parking Availability | Human Factors | [ ]  Fatigue[ ]  Stress[ ]  Frustration[ ]  Alcohol Consumption[ ]  Unskilled / Supervision Required |
| Site | [ ]  Site Induction[ ]  PPE or Special Clothing Required[ ]  Restricted Work Area[ ]  Slip / Trip Hazards[ ]  Unauthorised Personnel[ ]  Special Activity Area | Electrical and Equipment | [ ]  Exposed Cables[ ]  Electrical Equipment[ ]  Generator[ ]  Fuel[ ]  Overhead Cables[ ]  Specialised Equipment Required |
| Environmental | [ ]  Wind / Storm[ ]  UV Exposure[ ]  Waste Management[ ]  Noise | Participants | [ ]  Overcrowding[ ]  Lost Children[ ]  Medical Condition [ ]  Inform Responsibilities |
| Security | [ ]  Threat to person or property[ ]  Theft [ ]  Patrol Required | Staff / Volunteers | [ ]  Training[ ]  Unitec Policies / Procedures[ ]  Event Details |
| Incident Management | [ ]  Injury[ ]  Illness[ ]  Accident[ ]  Fire | Traffic / Pedestrian Control on Campus | [ ]  Speeds / Moving Vehicles [ ]  Drop Off / Pick Up Zones[ ]  Cyclists[ ]  Public |
| Food Preparation | [ ]  Allergic reaction[ ]  Other illness i.e. food poisoning[ ]  Hot plates[ ]  Sharp Utensils[ ]  Refrigeration [ ]  Gas Cylinder [ ]  Prepared offsite | Travel off Campus | [ ]  Bus or Fleet Vehicle Required[ ]  Visa for Overseas Travel[ ]  Vaccinations for Overseas Travel[ ]  Remote Area[ ]  Poor Reception[ ]  Long Driving Distance[ ]  Radio Communication |

***Refer to the hazard checklist and risk assessment to complete the following***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Potential Hazards** | **What is the risk?** | **Risk Assessment with no Controls** | **Add Controls** | **Risk Assessment with Controls** | **Comments** |
| Likelihood | Severity | Score | Likelihood | Severity | Score |
| *Heavy loads – carrying/lifting* | *Manually handling error causing injury* | *2* | *3* | *Medium (9)* | *Apply appropriate manual handling techniques, get assistance or use a trolley. Arrange with FM to do any heavy lifting.* | *2* | *2* | *Low (5)* | *John Smith to contact FM for assistance as necessary.* |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Acknowledgement of Safety Plan and Conditions:**

I confirm that I have read and understood the Safety Plan as documented above in relation to the Off Campus Experience named above and that I shall abide by the actions and processes identified in the Safety Plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name *(print)*** | **Signature** | **Staff/Student** | **Known Medical Condition** | **Emergency Contact** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

On completion, **send a copy** of thisto Pam Theunissen – Health and Safety Advisor and Andrew Happy – Manager Security – to be signed off.  Support and assistance can then be offered to the responsible person or group to ensure the plan has been completed correctly.

Emails: ptheunissen@unitec.ac.nz and ahappy@unitec.ac.nz