Activity report

|  |  |  |  |
| --- | --- | --- | --- |
| Activity name: Date: | | | |
| Activity Leader’s name | On-activity communication details:  *e.g. radio channel or cell number* | | Names of other instructors/guides  Note: Include safety roles if relevant  *e.g. supervising ‘x’ area, primary first aid person etc* |
| Assistant(s) names and safety responsibilities  *e.g. Bob – running the first abseil* | | | Other staff and trainees’ names  *e.g. drivers* |
| Have all staff and relevant assistants/trainees been informed of any new/changed hazards and any changes to operating or emergency procedures? (circle one)  YES NO No changes have occurred  Are they all aware of known significant hazards and their management strategies? (circle one)  YES NO  Note: Activity cannot go ahead unless the answer is YES or N/A - no changes have occurred | | | |
| Number of clients | | | Clients at risk – names and reasons  *e.g. medical conditions/ injuries* |
| Expected activity time *e.g. 3 hours on ropes course (this may not be relevant for some activities)* | | | |
| Weather Information  *Include relevant current weather information and forecast information, and time and source of forecast.* | | | Other environmental info  *Include information specific to the environmental risks of the activity e.g. three other groups using ropes course at same time* |
| General activity equipment  *A list of general equipment to be used on the activity e.g.*  *5 harnesses*  *3 lanyards* | | | Emergency equipment  *A list of emergency equipment for the activity e.g.*  *First aid kit*  *Satellite phone*  *Full body harness*  *2 jumars and staff lanyards* |
| Equipment checks have been done and equipment is ready and suitable for use: (circle one)  YES NO  Note: Activity cannot go ahead until the answer is YES | | | |
| Details of activity  *e.g. ‘normal procedures’ or any changes such as clients are youth at risk so using two additional staff to supervise; windy so not using a particular activity on the ropes course*  Note: Include any information on expected variations from the activity’s usual standard operating procedures | | | |
| Emergency back-up person: | | Emergency back-up contact information  *e.g. Phone number or radio, etc* | |
| Has back-up person been informed of relevant information?  YES (circle this when complete)  Note: do not undertake the activity until this has occurred | | | |
| Signature of person responsible for approving the activity:  *Sign prior to activity beginning (this could be operations manager, senior guide/instructor or the activity leader)* | | | |

|  |
| --- |
| Post activity |
| Any new or changed significant hazards? (circle one)  YES NO  If Yes – name of person responsible for completing hazard reporting procedures: |
| Any incidents? (circle one)  YES NO  If Yes – name of person responsible for completing incident reporting procedures:  Note: Serious harm incidents must be reported to the regulator *(depending on the activity this could be MNZ, CAA or WorkSafe)* |
| Any equipment damage?  YES NO  If Yes – name of person responsible for following damaged equipment procedures: |
| Any comments on how the activity could be improved?  Note: Consider both standard operating procedures and emergency response. |
| Any other comments? |
| Activity leader’s signature  Date |
| Manager’s signature  *(for owner operated activities this may not be required as the manager and activity leader may be the same person)*  Date |