** LIONS SAFETY ACTION PLAN**

**Activity: ……………………………………………..Date: …………….. Safety Officer: ………………………….………**

**Project Leader: ………………………......... No. of Lions: ………… Location: ………………………………………………**

**Event start………Event finish………Approved by (Lion):……………………… (Organiser):……………………………**

**Control**

**Possible Hazards**

**Risk**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**SPECIFIC EVENT REQUIREMENTS:**

***ORGANISER………PERMITS…….FIRST AID KIT……..FIRE EXTINGUISHER……..POWER CABLES & BOXES……….WATER…….HI VIZ JACKETS……….Traffic Management Plan (TMP)\*……………….. TRAILER…………MARQUEES…………..BBQ & ACCESSORIES…………………***

***MEMBERS NAMES & CONTACT NUMBERS (on file)………………***

**Non-Members Names & numbers:…………… (attached list).**

**Members and Non-members requiring special consideration:**

**………………………………………………………………**

**----------------------------------------------------------------------------------------------------------------------**

**Comments:**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Note: All Lion members and non-members to be advised of all hazards/risk and H & S procedures.**

**\*For events which involve roads to be closed / traffic to be diverted refer to the website www.lionsclubs.org.nz/resources. Go to Health & Safety for further information.**