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| **Summer By The Sea - Job Safety Plan & Emergency Plan** | |
| **Project Contact:** | **Activity Lead:** (may be more than one across multiple events/may be same as project contact)  Competencies/Licences:   * Eg, First Aid, Working with Children Check, Snorkel Quals   Resources:   * Eg, PPE, First Aid Kits |
| **Scheduled Dates: between 3 – 18 January 2026. Please leave this section as is and insert your available dates into the SBTS Application Form.** | |
| **Locations/s**  Provide accurate LAT/LONG coordinates and a brief description of meeting place. This information may be used publicly on Eventbrite listings, so please ensure it is as accurate as possible.  e.g. -38.391090, 144.250731. Public lookout adjacent to carpark.  1.  2.  3.  4. | |
| **List of activities** (e.g. Beach walk x 3) | |
| **Communications**   * Communicate the plan and hazards to all participants * Keeping an attendance log of all participants * Ensure all participants are aware of potential risks * Access to a mobile phone * Identify alternative communication methods, e.g. participants stay within line of sight with each other, participants are provided with whistles   Specify any additional communications arrangements: | |
| **Emergency response plan**   * Call 000 * Record information about the nearest medical treatment location and contact number * Record information about the nearest hospital emergency department * Ensure attendees are aware of the First Aider and the location of the First Aid kit * Identify meeting points and evacuation * Fire and flood response   Specify any additional Emergency response plan arrangements:  Supporting documents can be attached if required: □ site specific emergency response plan | |

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| **List all safety hazards/risks and controls implemented to mitigate and deal with them.**  Note: Your SBTS application will be assessed against this section. See: Risk Management Criteria | | | |
| **Potential Safety Hazard/Risk** | **Control** | | |
| Examples might include: |  | | |
| Slips, trips and falls |  | | |
| Manual handling, repetitive movements |  | | |
| Personal Medical Conditions |  | | |
| Working outdoors (sun, heat, water, traffic, noise, snakes etc) |  | | |
| Location of work (existing site hazards, public space, water, cliffs, dunes, uneven surfaces) |  | | |
| Dangerous Materials (sprays, sharp objects, etc) |  | | |
| Personal safety |  | | |
| *Other (Include details below)* |  | | |
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| **List Safe Work Procedures (SWP), Safe Operating Instructions (SOI) and Safe Work Method Statements (SWMS) required for the job:** | | | |
| **Checklist** | | | | |
| **Question** | **Yes** | **No** | **Actions required** | |
| Are all risks covered, and can the risks be effectively controlled? |  |  | **If yes**, proceed to the next question.  **If no**, develop a SWMS and attach it to the JSP, then proceed to the next question. | |
| Do the Activity Lead/s understand the hazards and required controls, and do the volunteers have the relevant competencies/approvals to perform the work safely? |  |  | If yes, detail the materials, equipment, licences/competencies, and supervision in the section headed ‘Specific safety resources required’ and proceed to the next question.  **If no**, stop and escalate to the Land Manager. | |
| Have first aid considerations been assessed, including the need for an individual first aid plan? |  |  | **If yes**, proceed to the next question.  **If no**, conduct a first aid needs assessment, then proceed to the next question. | |
| Will appropriate supervision be available on the day? |  |  | **If yes**, detail the materials, equipment, licences/competencies, including additional supervision required on the day.  **If no**, stop and escalate to the Land Manager. | |
| **Project Contact** | | | | |
| **Name:**  **Position:**  **Organisation:**  **Date:**  **Signature:** | | | | |
| **Land Manager Approval** | | | | |
| As the Responsible officer representing the Land Manager of this Coastal Crown Land that is described in the Activity, I declare that:   * I am authorised to give permission on behalf of the Land Manager * I agree that the activities described in this application can be undertaken on the project site in accordance with relevant OHS requirements   **Name:**  **Position:**  **Organisation:**  **Date:**  **Signature:** | | | | |