**Canoeing Ireland River Event Risk Assessment**

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| **Event Name** |  |
| **Event Date** |  |
| **Who are you indemnifying** |  |
| **Club Name** |  |
| **Event Discipline** |  |
| **Chief Event Organisers** | **Names:** | **Contact No:** |
| **Time** | **Registration Times:****Event Start Time:****Event Finish Time:****Event Duration (hrs):** |
| **Event Location** |  |
| **Distance** |  |
| **Transport Arrangements** |  |
| **Event Parameters** | **River & Surf Events****Grade of Water** **Minimum Water Level      ,** **Maximum Water Level** |
| **Number of Participants per discipline event** | **Minimum:** | **Maximum:** |
| **Participant Types** |  |
| **Ability of Participants**  | **Confirmed by:** |
| **Brief description of event format** |  |
| **Site Specific Hazards:**  | **Avoidance / Mitigation Notes (if applicable)** **(Sketch locations on rear or attach map)** |
| **General Hazards** |
| **Slips and Trips** |  |
| **Traffic** |  |
| **Prior Medical Conditions** |  |
| **Cold / Heat** |  |
| **Water Borne Diseases** |  |
| **River Specific Hazards** |
| **Grade of water** |  |
| **Trees / Strainers** |  |
| **Rocks / Holes / Siphons** |  |
| **Pin Potential Areas** |  |
| **Open Water Hazards if applicable** |
| **Wind** |  |
| **Swell / Waves** |  |
| **Low Visibility** |  |
| **Tide** |  |
| **Other Hazards** |
| **Abandonment / Isolation e.g. dropped off the back of a group** |  |
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| **Rescue Plan** |
| **Rescue Coordinator :** **Qualification:** **Contact No:** **No. of Rescue Personnel:** **Rescue Qualifications & Number of each:****Location(s): (Sketch on rear or attach map)** |
| **First Aid Plan** |
| **First Aid Coordinator:** **Qualifications:** **Contact No:** **No. of First Aid Staff:** **Will there be an ambulance on site?** **Location(s): (Sketch on rear or attach map)** |
| **Name of Nearest Hospital:** **Phone:** **Address:** **Distance:** **Drive Time:**  |
| **Name of Nearest Hospital:****Phone:****Address:****Distance:****Drive Time:** |
| **Stewarding** |
| **Stewarding Coordinator:** **Contact No:** **No. of Stewards:** **Location(s): (Sketch on rear or attach map)** |
| **Minimum Participant Equipment Requirements** |
| **Equipment Check Procedure**  |
| **Accident Action Plan** | **Action:** |
| **Car Park Break In** |  |
| **Traffic Accident** |  |
| **Public Disturbance** |  |
| **Minor Incident on water** |  |
| **Major Incident on water** |  |
| **Minor Injury** |  |
| **Major Injury** |  |
| **Prior Medical Condition** |  |
| **Other:**  |  |
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| **Notes for Pre Event Brief:** |
| **Signed by Event Organiser** |  | **Date** |
| **Signed by Rescue Coordinator** |  | **Date** |

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| **For CANOEING IRELAND Office Use Only** |  |
| **Notes** |  |

**CANOEING IRELAND Final on the Day Risk Assessment**

**To be sent to CANOEING IRELAND Office immediately following the event with event report**

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| **Water Level / Swell****[ ]  Low** **[ ]  Medium****[ ]  High** | **Associated Risks & Mitigation** |
| **Temperature****[ ]  Cold****[ ] Mild** **[ ]  Hot** | **Associated Risks & Mitigation** |
| **Rain****[ ]  Dry** **[ ]  Moderate** **[ ]  Heavy** | **Associated Risks & Mitigation** |
| **Wind****[ ]  Still** **[ ]  Moderate** **[ ]  Strong** | **Associated Risks & Mitigation** |
| **Changes to Site (e.g. debris, trees)****Description: (Sketch if appropriate on rear)** | **Associated Risks & Mitigation** |
| **Other Considerations** **Description:**  | **Associated Risks & Mitigation** |
| **Final Risk Assessment** | **[ ]  Acceptable** **[ ]  Unacceptable** |
| **Signed by Event Organiser** |  | **Date** |
| **Signed by Rescue Coordinator** |  | **Date** |

**CANOEING IRELAND Event Report**

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| **Competition Name** |  |
| **Number of Participants:****Classes:** | **No’s:** |
| **Event Summary** |
| **Incident Report (If Required)** |
| **Signed by Event Organiser** |  | **Date** |
| **Signed by Rescue Coordinator** |  | **Date** |

