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| **Activity: Target Shooting** | Version: |  1.0 | Date: | 6 August 2018 |

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| **Value of this activity – what do we hope to achieve?** |  |
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| **General Risk Assessment**  |

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| **Harm** | **Hazard** | **Risk** **Rating?**How serious? | **Controls** | **Check**Controls Implemented?Reviewed? | **Residual Risk Rating?**  |
| What could go wrong? | Why would this happen? | How can it be prevented? First try to e)liminate, then m)inimise the riskWho is responsible for implementing the control? |
| Person being shot by a projectile resulting in death or injury | Unsafe firing of projectiles by participantsNon-participants in firing zone | **High** | **Organisation** Competent leaders and supervisors who have an appreciation of the seriousness of, and understanding the risks involved in the activity (m)Range designed to restrict firing zone (m) Designated firing zone (m)Designated safe areas (m)All areas clearly defined (m)Equipment is securely stored when not in use (e)**Leader** Clear briefing to participants including designated firing and safe zones (m) Supervision of participants and non-participants, including loading and retrieval of projectiles/ targets (m) |  |  |
| Injury from a ricocheted projectile | Participant or non-participant hit by a ricocheted projectile | **High** | **Organisation** Target and backstop design to minimise likelihood of a ricochet (m)Safety glasses provided in situations where the risk of a ricocheted pellet exists (e)**Leader** Supervision and monitoring of firing (m) |  |  |
| Medical event | Pre-existing Medical Condition | **High** | **Organisation** Ensure appropriately competent staff - First Aid Certificate minimum (m)Collect accurate and current medical information, discuss and ensure info tagged to right person (m)**Leader** Ensure medication is carried and supervisors know where the medication is and how/ when to administer it (m) |  |  |
| Injury from equipment | Inappropriate equipmentIncorrect use of equipmentPoorly maintained equipment | **Medium** | **Organisation** Equipment in good condition, suitable for the intended use and appropriate for age, size, ability of participants (m)**Leader** Pre-use check of equipment (m)Instruction on correct use (m)Equipment is securely stored when not in use (e) |  |  |
| Lead poisoning | Ingestion of lead or lead pellets | **Medium** | **Organisation** Use of non-lead pellets (e)**Leader**Participants briefed on dangers of lead poisoning (m)Reminder to not ingest pellets and to wash hands before eating (m) |  |  |
| Emotional distress | Unfamiliar activity /environmentActivity / environment not suitable for participantsInadequate instruction | **Medium** | **Organisation**Collect accurate medical/behavioural information, discuss with participant and/or caregiver (m)Choose activity and environment that matches participant’s skill level and experience level (m)**Leader**Instruction, sequencing and progressions that build competence and confidence (m) |  |  |
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| **Reviewed:** |  | **Date:** |  | **Approved:** |  | **Next Review:** |  |

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| **Site Specific Hazard Analysis:**  | By: |  | Date: |  |

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| Site Specific Hazards - What else could go wrong (at this site)? | Management - How can we control this? |
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|  Specific Hazards on the Day- What could go wrong at this site?1. On this day (weather, ground surface etc)2. With these people (participants, staff etc)  | Management - How can we control this? |
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| Past Incidents- Any learnings to note? | Management - How can we control this? |
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| **Leadership and Supervision plan:**  | By: |  | Date: |  |

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| Supervision Requirements | - Consider the risk assessment and staff required to manage this activity safely | Contact details (mobile phone no./radio no. etc) |
| Who is in charge of the activity? (The Leader) |  |  |
| Who are assisting the leader? |  |  |
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| Staff CompetencyNames | Are there any designated roles based on skills/competency (e.g first aider, cook, driver etc) |  |
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| **Emergency Communication Plan:**  | By: |  | Date: |  |

*This component should help users of the guide to consider site specific characteristics of their activity including details about evacuation procedure, communications (cell coverage), emergency resources and options that are available at the site.*

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| Assistance |
|  | Detail | Location | Phone |
| Emergency | **Police, Fire or Ambulance** |  | 111 |
| Police | **Non-emergency** or from **Sat Phone** | North Comms (covers New Zealand north of Turangi):  | +64 9 571 2800  |
| Central Comms (covers North Island south of Turangi):  | +64 4 381 2000 (ask for Comms) |
| South Comms (whole of the South Island):  | +64 3 363 7400 (ask for Comms). |
| Xxxx Hospital |  |  |  |
| Nearest Medical Centre | Open hours? |  |  |
| 24 Hour Surgery | 24 hrs |  |  |
| Urgent Pharmacy |  |  |  |
| Poison Centre |  |  | 0800 POISON (0800 764 766) |

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| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office PhSat Phone |  |  |
| Duty Manager | Names of people who will need to know about an emergency (who are not next of kin) |  |   |
|  | On Call Phone |  |  |
| Legal |  |  |  |
| Insurance |   |   |   |

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| **Participant details/register:**All participants including leaders, assistants, parents, helpers | By: |  | Date: |  |
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| Participant Name | Role | Emergency Contact (next of kin, guardian, spouse etc) | Address | Phone | Critical Personal information |
|  | e.g. participant, leader, parents/guardians,  |  |  |  | Allergies, disabilities, medical conditions, medications carried etc |
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| **Site/Area Map:**  | By: |  | Date: |  |

**Site/Area Map.** *Draw, paste or attach in a map, diagram or photo of your site and note the following (if relevant): access points, hazard/out of bounds areas, emergency evacuation/exit points, key locations, locations of landline phones/areas with/without cell reception, emergency service access points and addresses/heli landing area, traffic/parking areas, toilets, water sources, emergency meeting areas, activity areas, drinking water sources, flammable storage areas.*

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| **Resources and Equipment:**  | By: |  | Date: |  |

*A summary of the resources and equipment that are essential for running the activity safely and distinct from generic outdoor activity equipment. Add to these for the specific event.*

* Participant
* Group
* Leader
* Emergency

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| **Post Event Review:**  | By: |  | Date: |  |

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| Post Trip Review- Critical learnings from this trip and previous trips  |  |
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