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|  | **LANDSAR TAKE FIVE - FIELD SAFETY CHECKS**  This form is for recording safety briefings and discussions in the field. Discuss safety often and particularly when plans, conditions or other circumstances change. | | | |
| **Operation/Activity Name/Location Name:** | |  | | |
| **Team Leader:** | |  | **Date/Time:** |  |

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| **Task:** |  |
| **Team Members:** |  |

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| **Field Safety Checks** – to be completed by the Team Leader with input from the whole team | |
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|  | **Scenario** - The team understands the task ahead and person in control is identified. |
|  | **Environment and equipment** - Terrain, other activities in the area and weather have been assessed and hazards identified. Clothing and other equipment are suitable for safely undertaking the task. |
|  | **Ability** - The team is competent to safely complete the task. |
|  | **Risk controls** - Which safety standards apply and the other things we will do to reduce risk. |
|  | **Communications** - Communications (primary and secondary) are working. Channel details/phone numbers and sched times noted. |
|  | **Healthy and happy** - Everyone is fit, well and ready. |
|  | **Emergency preparedness** - Actions if things go wrong. |
|  | **Record and report** - Record when this discussion took place, who was present and any significant issues raised. Report incidents and accidents. |
|  | **Speak up** - If anyone feels that safety is being compromised at any point. Are there any questions? |

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| **Note any issues raised during the Safety Checks:** |
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| **EVERY PERSON IS RESPONSIBLE FOR THEIR OWN SAFETY AND FOR THE SAFETY OF OTHERS. ALWAYS REPORT POTENTIAL HAZARDS AND UNSAFE CONDITIONS.** |

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| **Name:** |  | **Signed:** |  |

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|  | | **LANDSAR TAKE FIVE - FIELD SAFETY CHECKS** | | |
| **Field Hazard Reported/Identified** | | | | |
| **Date:** |  | | **Location:** |  |

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| **Hazard/Risk Description:** |
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| **Action Taken:** |
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**Any newly identified hazard, that may also pose a risk to other teams/personnel, should be reported to event/incident management.**

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| **Initial Field Incident/Accident Record** | | | | | | | | | | | | |
| **Date:** |  | | | **Location:** | | | |  | | **Reported By:** | |  |
| **Consequence:** | |  | **Harm** | | |  | **Near Miss** | | **Person Harmed:** | |  | |
| **Contact/LandSAR Number:** | | | | |  | | | | | | | |
| **Type of Injury:** | | | | |  | | | | | | | |

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| **What Happened?:** |
|  |
| **Treatment Given/Action Taken/Current Status:** |
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**Ensure that all incidents are recorded in the LandSAR Accident Register as soon as possible and that all serious harm incidents are notified immediately to the person in control – by phone or radio.**