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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?:** |
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| **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.**