

SAMPLE checklist

Event Management Checklist

The following checklist is intended to provide general information to assist clients in managing and minimising the risks associated with organising and conducting an event. This is not an exhaustive checklist of all possible controls.

Where the organisation answers the question with a 'no', further investigation of the risk and possible control measures should be determined and implemented.

1. Contractor Management

	Yes	No	N/A	If No, actions required:	Date:
1.1 Have contractors:					
a) Undertaken pre-event risk inspections;					
b) Provided copies of Job Safety Analysis; and					
c) Issued copies of risk controls prior to the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.2 Have you obtained copies of the following from contractors:					
Licences;					
Qualifications;					
Registrations;					
Insurances; and					
Professional Memberships, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.3 Have you appointed a project coordinator to oversee contractors and ensure they are acting in accordance with their legal obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1.4 Has the organisation instituted a service agreement highlighting their requirements and service standards for contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Venue Hire (applicable if you are hiring a venue from a third party)

	Yes	No	N/A	If No, actions required:	Date:
2.1 Have you reviewed the lease agreement and sought legal expertise on areas of concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.2 Have you conducted a pre-event inspection of the site and devised risk controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

3. Security and Cash Handling

	Yes	No	N/A	If No, actions required:	Date:
3.1 Have you hired a professional security firm? If yes, have you conducted reference checks and obtained copies of licences, certifications and insurances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.2 Have security personnel been briefed on the event and their roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.3 Is cash transported and handled by a professional security provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.4 If cash is to be transported by members of staff, have you conducted a risk assessment to determine risks and implemented controls where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

4. Access and Egress

	Yes	No	N/A	If No, actions required:	Date:
4.1 Are entrances and exits clear and do they provide adequate access and egress for anticipated patrons and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.2 Are entrances and exits large enough to facilitate access by emergency services vehicles if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.3 Are walkways and thoroughfares clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.4 Are emergency exits marked and clearly designated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

5. Traffic Management

	Yes	No	N/A	If No, actions required:	Date:
5.1 Are pedestrian areas separated from roads via signage and clear traffic markings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.2 Are there contingencies in place for the safe access of emergency vehicles if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.3 Are speed limit signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.4 Will traffic be monitored by a traffic warden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. Emergency Management

	Yes	No	N/A	If No, actions required:	Date:
6.1 Do you have an emergency response plan and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.2 Have you instituted an emergency response management team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.3 Are site plans posted at designated intervals and are copies provided to staff and the emergency response team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

7. Amenities

	Yes	No	N/A	If No, actions required:	Date:
7.1 Are there enough toilets and hand wash facilities to cater for anticipated attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.2 Is fresh drinking water available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.3 Will amenities be placed on a cleaning roster to ensure they are kept clean throughout the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

8. Signage

	Yes	No	N/A	If No, actions required:	Date:
8.1 Are exits, amenities, first aid etc. appropriately signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.2 Are prohibition signs located in areas deemed hazardous or where the general public are not allowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.3 Are fire extinguisher locations clearly signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. Maintenance

	Yes	No	N/A	If No, actions required:	Date:
9.1 Are qualified maintenance personnel provided by contractors to address maintenance relevant to their services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.2 Are maintenance logs kept and made available in the event of an incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

10. First Aid

	Yes	No	N/A	If No, actions required:	Date:
10.1 Are first aid personnel provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10.2 Are first aid facilities located in suitable locations, clearly signed and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10.3 Are first aid facilities suitably stocked for the type of event being held?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

11. Fire Prevention

	Yes	No	N/A	If No, actions required:	Date:
11.1 Are appropriate fire extinguishers and blankets available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.2 Are staff trained in the proper usage of fire fighting equipment and prevention methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.3 Are combustibles stored away from buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.4 Will designated fire wardens be in attendance during the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

12. Staff, Volunteer and Contractor training

	Yes	No	N/A	If No, actions required:	Date:
12.1 Are staff, volunteers and contractors equipped with health and safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.2 Are training records maintained and recorded for provision to the Workplace Health and Safety Authority where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

13. Electrical

	Yes	No	N/A	If No, actions required:	Date:
13.1 Are residual current devices (RCD's) or safety switches used with all electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13.2 Are electrical leads secured in a manner that inhibits physical contact by patrons and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13.3 Are electrical items including leads and equipment tested in accordance with AS 3760:2003?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13.4 Are contractors and others providing or using electrical equipment during the event able to produce testing and tagging records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

14. Work at Heights

	Yes	No	N/A	If No, actions required:	Date:
14.1 Are ladders or cherry pickers etc. certified as suitable and safe for the task being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.2 Have all staff, contractors and volunteers who work at heights undertaken work at heights training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.3 Are ladders secured in place prior to work commencing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.4 Are staff monitored whilst working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Yes	No	N/A	If No, actions required:	Date:
14.5 Are harnesses employed where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.6 Have harnesses been certified as safe and suitable for the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

15. Manual Handling

	Yes	No	N/A	If No, actions required:	Date:
15.1 Have staff, volunteers and contractors been trained in safe lifting and handling techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15.2 Are lifting aids employed where weights exceed safe limits or where items are difficult to lift safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15.3 Are records of manual handling training kept and available if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

16. Amusement Devices

	Yes	No	N/A	If No, actions required:	Date:
16.1 Have you confirmed that amusement devices are conformant to AS 3533:2009?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.2 Are inspection records made available on request to demonstrate the device has recently been assessed as safe by an Engineer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.3 Are appropriate safety barriers provided around amusement equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.4 Are height/age requirements specified where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.5 Is soft-fall/padding provided where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.6 Are amusement devices positioned securely on sturdy even ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.7 Are inflatable amusement devices thoroughly checked and secured prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.8 Are all ropes (inflatable devices) attached securely to anchor points and free from wear and tear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16.9 Have amusement device contractors agreed to halt operation of devices during adverse weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

17. Notifications

	Yes	No	N/A	If No, actions required:	Date:
17.1 If you are holding a fireworks display have you obtained copies of applicable notifications from the fireworks technician i.e. the Civil Aviation Authority, your local council, the Country Fire Authority etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17.2 Have you advised neighbours within the vicinity of the fireworks display of details such as the time, date, place etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17.3 Have you obtained a copy of the fireworks permit if holding a fireworks display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17.4 Have you notified local police and emergency services personnel of the event in advance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

18. Other

	Yes	No	N/A	If No, actions required:	Date:
18.1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.6 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.7 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18.8 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

For further information and assistance on event management or to obtain a copy of our event management fact sheet, please contact the Risk Management Helpdesk on 1300 660 827.

1300 660 827
www.ccinsurances.com.au

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CCI 07/11