**Canoeing Ireland River Event Risk Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | | | | |
|  |  | | | | |
|  |  | | | | |
| **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:** |  | | | | |
|  |  | | | | |
| **Notes for Pre Event Brief:** | | | | | |
| **Signed by Event Organiser** | |  | | | **Date** |
| **Signed by Rescue Coordinator** | |  | | | **Date** |

|  |  |
| --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

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

