**CANOEING IRELAND Pool Event Risk Assessment**

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| **Event Name** |  | | | |
| **Event Date** |  | | | |
| **Event Discipline** |  | | | |
| **Event Location** |  | | | |
| **Chief Event Organisers** | **Names:** | | **Contact No:** | |
| **Number of Participants** | **Max:**  **Min:** | | | |
| **Participant Types** |  | | | |
| **Minimum Ability of Participants** | **Able to Paddle competently confirmed by:** | | | |
| **Time** | **Registration Times:**  **Event Start Time:**  **Event Finish Time:**  **Event Duration (hrs):** | | | |
| **Transport Arrangements** |  | | | |
| **Site Specific Hazards:**  **(Sketch Locations on Rear)** | **Avoidance / Mitigation Notes (if applicable)** | | | |
| **Collisions & Impacts** |  | | | |
| **Slips and Trips** |  | | | |
| **Cuts & Grazes** |  | | | |
| **Prior Medical Conditions** |  | | | |
| **Other:** |  | | | |
|  |  | | | |
| **Rescue Plan** | | | | |
| **Rescue Coordinator :**  **Qualification:**  **Contact No:**  **No. of Rescue Personnel:**  **Rescue Qualifications & Number of each:**        **Location(s): (Sketch if appropriate on rear)** | | | | |
| **Name of Nearest Hospital:**  **Phone:**  **Address:**  **Distance:**  **Drive Time:** | | | | |
| **First Aid Plan** | | | | |
| **First Aid Coordinator:**  **Qualifications:**  **Contact No:**  **No. of First Aid Staff:**  **Location(s): (Sketch if appropriate on rear)** | | | | |
| **Stewarding** | | | | |
| **Stewarding Coordinator:**  **Contact No:**  **No. of Stewards:**  **Location(s): (Sketch if appropriate on rear)** | | | | |
| **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** |  | | | |
| **Death** |  | | | |
| **Other:** |  | | | |
|  |  | | | |
|  |  | | | |
| **Pre Event Brief Notes:** | | | | |
| **Signed by Event Organiser** | |  | | **Date** |
| **Signed by Rescue Coordinator** | |  | | **Date** |

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| **For CANOEING IRELAND Office Use Only** |  |
| **Notes** |  |

**CANOEING IRELAND Event Report**

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

