**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:**  |  |
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| **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** |

