

Trainer/Assessor

Location

Date

1. Adverse effects on safety

Environmental

	N/A	Caution	Change	Stop
Tides/currents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swell Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wave Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time between sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beach configuration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geography/topography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beach composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manmade

	N/A	Caution	Change	Stop
Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coastal defences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Human

	N/A	Caution	Change	Stop
Beach/water population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other water users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Considerations and variables

Training/assessment task

	Yes	No
Throw Line	<input type="checkbox"/>	<input type="checkbox"/>
Lifering	<input type="checkbox"/>	<input type="checkbox"/>
Persons in water (casualty)	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Student groups

	Yes	No
<18 Years old	<input type="checkbox"/>	<input type="checkbox"/>
Adult (Public)	<input type="checkbox"/>	<input type="checkbox"/>
Adult (Waterside Responder)	<input type="checkbox"/>	<input type="checkbox"/>

Safety services

	Yes	No
Safety Cover	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard Service	<input type="checkbox"/>	<input type="checkbox"/>
Lifeboat	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>
Emergency services	<input type="checkbox"/>	<input type="checkbox"/>

Options

	Yes	No
Consult with trainers	<input type="checkbox"/>	<input type="checkbox"/>
Continue/Commence/Delay	<input type="checkbox"/>	<input type="checkbox"/>
Training/Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Modify session/assessment	<input type="checkbox"/>	<input type="checkbox"/>
Change of venue (selected tasks)	<input type="checkbox"/>	<input type="checkbox"/>
Cancellation of selected tasks	<input type="checkbox"/>	<input type="checkbox"/>
Cancel	<input type="checkbox"/>	<input type="checkbox"/>

Severity/Probability Matrix

Key

Unlikely - So unlikely, probability is close to zero

Probable - Not surprised it will occur sometime

Certain - Occurs repeatedly only to be expected

Trivial - Session runs to plan but may cause minor injury/s

Minor - Conditions prevent running to plan and cause moderate injury

Major - Conditions prevent training outcomes & guarantee major injury/death

Unlikely

Probable

Certain

Trivial

Minor

Major

SUGGESTED ACTION

OK to proceed with caution

Modify/delay or change venue

Cancel



3. Action plan

- ☐ Training area marked out
- ☐ Training signage in place
- ☐ Candidates fitness verified
- ☐ Candidates received safety brief
- ☐ Candidates wearing correct PPE
- ☐ Partners informed

Other notes:

4. Indicators for change and review

Yes No

Training session/assessment not running to session plan

☐ ☐

Minor equipment damage

☐ ☐

Injury - minor

☐ ☐

Indicators listed below this dotted line require immediate reporting and investigation

Major equipment damage

☐ ☐

Loss or destruction of equipment

☐ ☐

Major injury/fatality

☐ ☐

Other _____

☐ ☐

5. Review of action plan

Additional comments

Trainer Signature

Assessor Signature