



# Safety Action Plan

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Leader in Charge: \_\_\_\_\_

No. of Participants:

Age range: \_\_\_\_\_

Leader/participant ratio: \_\_\_\_\_

What could go wrong?	Severity Rating	What could cause it to go wrong?	How could we prevent it from going wrong?	Whose responsibility is it?	When/where will it be done?



# Safety Action Plan

<b>Emergency Action Plan</b>	
<b>Non Serious harm</b>	<b>Serious harm</b>
<b>Group members requiring special consideration</b>	



## Safety Action Plan

Skills/industry standards required	Pre Activity check list	On the day	Additional comments/Alternative plan

**Approved by:** (One or more entities should be notified of your intentions)

Pathfinder Director

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

District Director

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Board

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact details:**

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_