

ACTIVITY SAFETY CHECKLIST

Activity Name: _____

Date: _____

Coordinator / Convenor: _____

Location / Venue: _____

1. Pre-Activity Planning

A. Approvals

- Activity approved according to MI Care's Program & Activity Delivery Policy
- Risk level confirmed (Low / Moderate / High)
- Transport arrangements (if any) approved and compliant with Transport Policy

B. Participant Considerations

- Attendance list prepared
- Any known health or mobility considerations reviewed
- Volunteers aware of boundaries (no lifting, no personal care, no medication handling)

2. Venue & Environment Safety

A. Venue Conditions

- Venue is accessible and safe
- Seating available and stable
- Toilets accessible
- Adequate lighting and ventilation
- Emergency exits identified

B. Environmental Factors

- Weather checked (if outdoors)
- Shade / hydration available (if needed)
- Trip hazards identified and removed
- Noise levels appropriate for participants

3. Equipment & Materials

- All equipment in good working order
- Electrical items checked for safety

- First aid kit available (if required)
- Activity materials safe and appropriate
- No hazardous substances used

4. Volunteer Readiness

- Volunteers briefed on roles and responsibilities
- Boundaries reinforced (no lifting, no clinical tasks, no handling money)
- Emergency contact numbers available
- Incident Reporting process understood
- At least one volunteer has a mobile phone

5. Transport (If Applicable)

- Drivers confirmed and briefed
- Vehicle checked (fuel, tyres, seatbelts, cleanliness)
- Mobility aids secured safely
- Pickup and drop-off times confirmed
- No non-members travelling

6. Member Wellbeing

- Members appear well enough to participate
- Behavioural or safety concerns noted and managed
- Hydration and rest breaks planned (if needed)
- Accessibility needs considered

7. Emergency Preparedness

- Emergency plan discussed with volunteers
- Nearest medical facility identified
- Emergency contacts for participants available
- Volunteers know how to call for help

8. Final Safety Check

- All risks reviewed and controlled
- Activity safe to proceed
- Any concerns escalated to Subcommittee Convenor or Committee

Coordinator Signature: _____

Date: _____

9. Post-Activity Review (Optional but Recommended)

- Activity ran safely
- Any incidents or near misses reported
- Feedback from volunteers collected
- Improvements noted for next time

Notes:
