

## ROTARY RISK MANAGEMENT PROFORMA

**TO: Rotary District 9650 Insurance officer John Harlow      lee.johnharlow@bigpond.com**

The Rotary Club of *Choose an item.* wishes to advise that it will be running the following event(s) as part of its activities and requires that this activity be noted and included in the insurance policy of District 9650.

Brief description of activity: [Click here to enter text.](#)

Date of activity: [Click here to enter a date.](#)

Time of activity: [Click here to enter text.](#)

Location of activity: [Click here to enter text.](#)

Are there third parties involved (non Rotarians, public, other organisations): YES  NO

If 'YES' please provide details: [Click here to enter text.](#)

Have you required any other organisations, group or person to provide their own Public Liability Insurance? See Notes below. YES  NO

Have you been asked by any other organisation or person to (a)indemnify them as a third party or (b)hold any other organisation 'harmless' under the Rotary insurance. If 'YES' refer to your District Insurance Officer for advice. YES  NO

Travel arrangements: [Click here to enter text.](#)

Approx number of Community participants: [Click here to enter text.](#)

Risk management forms completed: YES  NO

Certificate of currency required: YES  NO

If 'YES' provide details of parties to be noted: [Click here to enter text.](#)

Describe any potential hazards or dangers to the public or people working on the activity: [Click here to enter text.](#)

Have there been prior incidents/accidents on this type of project. YES  NO

If 'YES' give details and results [Click here to enter text.](#)

What action can be taken to eliminate or reduce these hazards? [Click here to enter text.](#)

Rotarian Contact	<a href="#">Click here to enter text.</a>
Phone	<a href="#">Click here to enter text.</a>
Email	<a href="#">Click here to enter text.</a>
<b>COVER CONFIRMED UNDER ROTARY POLICY by District Insurance Officer</b>	<b>Choose an item.</b> <b>DATE: <a href="#">Click here to enter a date.</a></b>

**NOTE:** Other organisations or groups should have their own Public Liability cover; and individuals should have their own cover or at least be made aware that they are not covered under Rotary Insurance unless specifically stated. Ideally you should obtain a written indemnity from any organisation, group or third party involved or associated with the activity.

## ROTARY RISK MANAGEMENT CHECK LIST

Check the appropriate box	ADEQUATE			COMMENTS
	YES	NO	N/A	
<b>1. PREMISES</b>				
<b><i>Floors</i></b>				
Surface level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not slippery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>Stairs and ramps</i></b>				
Surface level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not slippery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>Windows</i></b>				
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>Lighting</i></b>				
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>Fire Safety</i></b>				
Suitable detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>Car Parks and driveways</i></b>				
Sealed/marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of ruts & holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of oil/contaminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speed limiting/bumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of debris/vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pedestrian access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><i>External Pathways</i></b>				
Free of damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of debris/vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check the appropriate box	ADEQUATE			COMMENTS
	YES	NO	N/A	
<b>2. CONTRACTORS/SUB-CONTRACTORS:</b>				
All contractors /subcontractors provide proof of liability cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard contracts draw up for specific work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formal written security procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All security incidents reported to police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All contractors /subcontractors provide proof of liability cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. MACHINERY &amp; EQUIPMENT</b>				
All electrical equipment tested annually by electrical contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All portable electrical equipment tested & tagged in accordance with regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All gas cylinders tested & tagged annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All welding/hotwork performed by qualified persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conditions of :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Hoists/cranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Elevators/escalators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Unregistered vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All belt/chain/direct couplings between electric motors or other engines/pumps/generators/cutting equipment etc fully covered or otherwise guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All hand tools (powered or unpowered) in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. ENVIRONMENTAL</b>				
All hazardous/toxic substances identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Currently stored in a secure place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Register of these materials kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People trained in the use of these materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All waste disposed of regularly and according to local regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check the appropriate box	ADEQUATE			COMMENTS
	YES	NO	N/A	
<b>5. MISCELLANEOUS</b>				
First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trained first aid staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol policy in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animal policy in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crowd exposure - adequate signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Playground equipment checked & maintained on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. CHILDREN</b>				
Children being properly cared for and supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carers/supervisors have proper accreditation & certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If animal or mechanical rides are involved, do the providers of those rides carry adequate public/product liability insurance and has proof been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. OTHER</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

When the whole form has been completed, it can be saved and then sent as an attachment to an email to the District Insurance Officer, John Harlow at

[lee.johnharlow@bigpond.com](mailto:lee.johnharlow@bigpond.com)

