

| Complete this form and return it with your Application Form for a Forest Permit – Activity | | | |
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| GENERAL PERMIT DETAILS | | | |
| Activity: | AusCycling NSW Mountain Bike State Titles | Activity Date/s: | 15 & 16 October 2022 |
| Name of event supervisor: | Nicholas Smee | Contact Details: | 0414 312 519 |
| Name of Safety Supervisor: | Rosemary Wilkins | Contact Details: | 0400 036 753 |
| Location: (e.g. State Forest) | Coondoo State Forest | | |
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| 1 ST AID TREATMENT / MEDICAL / EMERGENCY TRANSPORTATION | | | |
| Will there be emergency services, a first aid provider and/or ambulance on site? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Where will they be located? | Adjacent to the Event Centre, Coondoo Road | | |
| How will they be identified? | First Aid Signage; staff uniform; included in pre-race briefings | | |
| If not on site, how will emergency medical staff be notified? (Please mark the boxes below with an 'x') | | | |
| <input type="checkbox"/> Phone (land line) | <input type="checkbox"/> Phone (mobile) | <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Driving Victim to Hospital | <input type="checkbox"/> Other (please Specify) | | |
| Where relying on mobile phones, reception on site has been checked & coverage is available? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there event staff or certified volunteers with First Aid Training? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please provide a list of all 1 st Aid Trained Personnel and their qualifications: | | | |
| Name | Position | Qualification (Basic / Advanced / Remote / CPR) | |
| Scott Styles - All Events Medical Services | Owner | Paramedic and Registered Nurse | |
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| Is there a first aid kit on site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Location? | With All Events Medical Services |
| Will Police or security services be on site? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If Yes, Who? (name of Police station or security firm) | | | |
| Are emergency medical staff at event site clearly identified? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| How? | Signage for on site medical (All Events Medical Services), logo on clothing / uniform | | |
| Are First Aid and emergency medical stations identified? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| How? | Signage - Main medical station is All Events Medical Services | | |
| Is there easy access for emergency medical staff and emergency vehicles? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is the designated emergency medical transportation? | | Ambulance / Air lift helicopter access also available if paramedics require | |

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|---|--|---|---|-------------|
| Who is the designated driver? | Name: Not applicable – Ambulance will be used | | Phone Number: | |
| Where is the nearest hospital? | City: Nowra | Ph: 44213111 | Km: 11.4km | Minutes: 14 |
| Has the nearest hospital been notified of the event? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is there emergency air transport available? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Response time | | | Minutes: | |
| How will air transport be notified? | <input type="checkbox"/> Phone (landline) | <input type="checkbox"/> Phone (mobile) | <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Other (specify) | | | | |
| Has a helicopter landing site been identified? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMERGENCY EVACUATION / FIRE EVENT | | | | |
| Has the Rural Fire Service been notified of the event? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will the Rural Fire Service be present at the event? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is there an emergency evacuation plan in the event of a fire? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have evacuation routes been identified? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| How will they be marked at the event location? | | | Signage – Emergency Evacuation Routes (and arrow indicating direction in which to leave the area) | |
| GENERAL PUBLIC / SPECTATOR SAFETY | | | | |
| Will spectators be present? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will there be barriers preventing spectators from entering the site/course? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe the barriers: | Barrier boards; Barrier Mesh; Bunting; signage | | | |
| Will road closures be required? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will there be warning signs? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will there be barricades? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will these be attended at all times? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Where road closures are required, a separate Traffic Management Plan has been developed and submitted? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Have you completed the 'Medical Emergency Evacuation Plan Template'? | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| RISK MANAGEMENT | | | | |
| <i>Please identify and list all safety and environmental hazards and risks that are associated with your Forest Permit and provide details of control strategies. For example: slips, trips and falls / snake bite / dehydration / missing person / medical injury / bushfire / general public / spectators / fuel spill / rubbish / extreme weather events / dangerous trees / overhead hazards.</i> | | | | |
| Identified Hazard / Risk | | | Control Strategy | |
| Non-approval of Forest Permit by FCNSW | | | Comply with Forestry Site Safety Plan requirements | |
| For full details of all Hazards / Risks for this event please refer to Appendix D – Risk Management Plan – AusCycling NSW MTB State Title 14 & 16 October 2022, Coondoo State Forest | | | | |

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| APPROVAL / SIGN-OFF | | | |
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| Plan Prepared By: | Rosemary Wilkins | Position: | Committee Member South Coast United Mountainbikers Inc |
| Signature: | <i>Rosemary Wilkins (digital signature)</i> razzwilkins2535@gmail.com | Date: | 16 September 2022 |