



Fundraising & General Events

VOLUNTEER SAFETY CHECKLIST

Branch:	
Location:	
Event Name/Details:	
Date Completed:	
Name(s) of person(s) who completed checklist:	
Position Title(s):	

		If you tick No: Write action taken in this section
Floors, surfaces & stairs		
Are floors/surfaces free of water, ice, oil or other fluids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are floors/surfaces even? (loose, torn tiles, holes)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are walkways, stairs and doorways clear of boxes, extension cords and other obstructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are changes in surface or height visible or clearly marked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are handrails adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lighting		
Are work areas, walkways and stairs well lit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the lighting enable volunteers/members to move between indoor and outdoor tasks safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Procedures – externally managed event		

		If you tick No: Write action taken in this section
Does the venue management have their own emergency procedures that volunteers/volunteers follow?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the volunteers/members made aware of the venue emergency procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you identified checks to ensure everyone is accounted for after an evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Procedures – non externally managed event		
Have you identified what emergencies that may require evacuation? – i.e. fire, flooding, explosion, civil	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you nominated a person(s) to manage evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you identified what will signal to start evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you identified how people will evacuate? I.e. shortest and direct route and how people with mobility aids and needs will evacuate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have an assembly place after evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you identified checks to ensure everyone is accounted for after an evacuation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Volunteers/members are made aware only to re-enter once emergency services have advised it is safe to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment		
Are the storage areas for equipment organised to minimise bending and stretching?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electrical equipment, such as urns or kettles in a safe place away from high walk traffic & free from obvious defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there procedures in place for emptying urns with hot water at the end of the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

		If you tick No: Write action taken in this section
Manual Handling		
If volunteer/members need to lift or carry equipment to set up for event i.e. tables, chairs, resources are they light and easily carried?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there aids such as a trolley, trolley jacks for heavier lifting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there an experienced person responsible for use of trolley jacks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are work benches at a comfortable height?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a rotation of repetitive tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Use of barbeque		
Is the barbeque managed by a few experienced people with limited people working on the barbeque?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the workspace near the barbeque allowing for ease of movement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are gas connections and equipment in good condition and regularly checked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food handling		
Are food preparation areas clean and regularly disinfected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is cooking equipment in good condition and well maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there guidelines in place to ensure only people involved in cooking are in work areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All food is within the used by date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outdoor Events		
Is the weather appropriate for volunteers/members to be working outdoors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

		If you tick No: Write action taken in this section
Are volunteers/members working in shaded area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do volunteer/members have access to water and other sun protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Money handling		
Have you identified who will be responsible for money taken on day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the money placed in a secure location not in view of general public?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Volunteers/members are aware to put their safety first and not try to stop a robbery attempt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Adapted from NSW WorkCover – SAFETY CHECKLIST, checking out your workplace

Please file this checklist for 12 months from date of completion