

Health or Safety Report for Karting NSW Inc.

To assist us in the development and continuous improvement of health and safety at our events and/or venues please complete this Form should you have any health and safety issues. This will assist us to maintain and improve safety at the event or venue by identifying hazards, risks, faulty equipment, unsafe practices etc.

Who should use this form?

- Competitors and Volunteers
- Spectators
- Contractors

Please complete sections 1 to 3 below and either; email to Karting NSW Inc. at admin@kartingnsw.com.au or during an event deliver to the Chief Steward. The Club President or Karting NSW Inc. will action sections 4 to 6.

| 1. Who reported the health or safety issue? | |
|---|--|
| | |
| Time::am/pm Date | ·// |
| 2. Who was the health and safety issue reported to? | |
| | |
| Time::am/pm | Date:// |
| 3. What is the health or safety issue & location of hazard/risk? | |
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| | |
| [If insufficient space please attach additional sheets] | |
| 4. What is its priority or risk level? Assess the priority of the health or safe | ty issue by identifying its most likely impact/consequence |
| and the chance of it actually happening. | |
| Assessed Risk/Priority Level(High Medium Low) (Circle on | e level) |
| Date for remedial action to fix issue: | |
| 5. What has been done to rectify the health or safety issue? | |
| ,,,,,, | |
| | |
| | |
| Signed: Position: | Date:// |
| | |
| Note: If insufficient space, please attach additional pages. | |
| 6. What further action needs to be taken? (eg. Training, item creating hazard to be removed, manual task changed in a way that it no | |
| longer requires lifting, noise assessment, review of safe work procedures, tra | |
| Details (Please attach detailed information) Res Date for completion | ponsibility |
| NOTE: any non-racing health or safety hazard reports must be forwarded by the President (or delegate) to the Karting NSW Office | |
| within 48hrs or if this notice is completed during a Race Permit period the Chief Steward should attach a copy to the Stewards Report. | |
| Notification: YES/NO TO: | |
| | |
| Date:// | |