



## ITCC Risk Assessment

**Event:**

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# ITCC Generic Risk Assessment



Risk assessment completed by:  
 Signature:  
 Date:

**Activity:** General Public

Y/N	Code	
		<b>Barriers</b>
<input type="checkbox"/>	A1	Barriers erected around stations and high risk areas
<input type="checkbox"/>	A2	Exclusion zone sufficient size
<input type="checkbox"/>	A3	Barriers easily removable in case of emergency
<input type="checkbox"/>		<b>Public paths and access</b>
<input type="checkbox"/>	B1	Pathways wide enough to allow easy access and to avoid bottlenecks
<input type="checkbox"/>	B2	Level, stable ground
<input type="checkbox"/>	B3	Free from obstacles and trip hazards
<input type="checkbox"/>	B4	Access from main road open and of sufficient width to allow entrance of emergency services
<input type="checkbox"/>	B5	Pathways leading to closed off areas closed and barrierd
<input type="checkbox"/>	B6	Access for emergency vehicles signposted at entrance of venue
<input type="checkbox"/>		<b>Tradestands, Admin and Catering Areas</b>
<input type="checkbox"/>	C1	Fire extinguishers (where applicable)
<input type="checkbox"/>	C2	Electrical installations protected and insulated against water and accidental shock
<input type="checkbox"/>	C3	Structures stable and secure (no chance of collapse due to strong wind)
<input type="checkbox"/>	C4	Appropriate First Aid kit present in admin area (or designated central site)
<input type="checkbox"/>	C5	Means of communication between administration and rest of the site (comp stations)
<input type="checkbox"/>	C6	Adequate amount of drinking water kept in admin area
<input type="checkbox"/>	C7	Marked meeting point (in case of emergency or lost children)
<input type="checkbox"/>		<b>Vehicles</b>
<input type="checkbox"/>	D1	Vehicles on site kept to minimum
<input type="checkbox"/>	D2	Necessary vehicles to be parked so as not to block emergency access, paths or walkways
<input type="checkbox"/>	D3	On site vehicles safe and in good working order (not leaking oil or petrol that could lead to fire risk)

Code	Remedial Action
A1	
A2	
A3	
B1	
B2	
B3	
B4	
B5	
B6	
C1	
C2	
C3	
C4	
C5	
C6	
C7	
D1	
D2	
D3	

Notes:

# ITCC Site-Specific Risk Assessment



Workstation		Head judge	
Emergency services		Date	
Address		OS Grid/ GPS ref.*	
Location within site		Emergency meeting point	
Nearest access point for EV		Nearest hospital telephone no.	
Type of access (e.g. 4WD)		Site safety officer telephone no.	
Nearest landline telephone no.*		Helicopter landing site*	

\* if applicable

Risk assessment title			
List of codes with remedial actions to be taken		Remedial action implemented (Y/ N)	
Additional hazards not covered by risk assessment		Additional remedial actions required to reduce risk to acceptable level	

Risk assessment completed by:			
Head technician:		Head judge:	

## ITCC Workstation Risk Assessment



Risk assessment completed by:		
Signature:		
Date:		
<b>Workstation:</b>		
Y/N	Code	
<b>Trees and Terrain</b>		
<input type="checkbox"/>	E1	Tree hazard evaluation undertaken (VTA) and attached to Risk Assessment form
<input type="checkbox"/>	E2	Trees prepared and pruned to reduce risk of falling debris and injury to climbers
<input type="checkbox"/>	E3	Station free of trip hazards and obstacles. Ground as level as possible
<b>Equipment and Installation</b>		
<input type="checkbox"/>	F1	All installed equipment meets standards and inspected by a competent person
<input type="checkbox"/>	F2	Anchor point of sufficient size and strength to avoid failure, braced if necessary
<input type="checkbox"/>	F3	Stations set up to reduce risk of uncontrolled swings into the stem
<input type="checkbox"/>	F4	Alternative bad weather plan
<input type="checkbox"/>	F5	Rescue equipment at station and rescue climber
<input type="checkbox"/>	F6	Adequate amount of drinking water at station
<input type="checkbox"/>	F7	Whistle or means of getting climber's attention
<input type="checkbox"/>	F8	Setup installed by competent person
<input type="checkbox"/>	F9	Relevant PPE worn at all times
<input type="checkbox"/>	F10	Signs and barriers erected, exculsion zone created
<input type="checkbox"/>	F11	Competent person on belay (where applicable)
<input type="checkbox"/>	F12	Clear line of sight for person on belay (where applicable)
<input type="checkbox"/>	F13	Switch over communication defined for belay (where applicable)
<input type="checkbox"/>	F14	Belay line clear of climbing line (where applicable)
<b>Communication</b>		
<input type="checkbox"/>	G1	Means of communication with admin and ES (mobile) & fast access to First Aid kit
<input type="checkbox"/>	G2	Resuce plan formulated, practiced and communicated to all judges and techs
<input type="checkbox"/>	G3	Copy of emergency procedures at each station (first page of risk assessment?)
<input type="checkbox"/>	G4	All electronic communication equipment tested before event

Code	Remedial Action
E1	
E2	
E3	
F1	
F2	
F3	
F4	
F5	
F6	
F7	
F8	
F9	
F10	
F11	
F12	
F13	
F14	
G1	
G2	
G3	
G4	
Notes:	

# ITCC Visual Tree Assessment



Workstation:			
Tree Species:			
Assessment completed by:		Date:	
<b>Roots and lower stem</b>			
Mechanical or other visible damage to roots or stem		Yes/ No	Level of Risk (1 to 4)
Movement and/ or cracks in root plate			
Fruiting bodies, cracks and/ or cavities in lower stem or visible roots			
Others:			
<b>Stem</b>			
Mechanical damage			
Decay or fungus			
Cracks, cavities or other defects			
Badly attached stems and/ or included bark			
Others:			
<b>Branches and crown</b>			
Large deadwood and/ or dieback			
Badly attached or included bark			
Heavy horizontal limbs (potential to break out)			
Cracks, cavities or delamination			
General symptoms of stress			
Others:			
<b>Overhead hazards/ other</b>			
<b>Notes:</b>			
Head technician, signature:			