## EOTC: SAFETY ACTION PLAN Programme RAM form

Activity Waihi Arts Centre and Museum			Date			Teacher in charge	
Class level			Staff		Helpers		
Location 54 Kenny Street , Waihi.			Time of departure			Time of return to school	
The museum expects	a minir	num of teacher/	/parent helper ratio per	r child yea	rs 1 – 8 is 1:	8	
What could go wrong?		vould cause it	How could we prevent	Whose responsibility		When/where will it be	Emergency plan
	to go wrong?		it from going wrong	is it?		done?	Defends Biole Assessment
							Refer to Risk Assessment and Management
							Document
Group members requiring special consideration							
Health		Behaviour		Other eg. Hearing			
Due potivity obsolutet			On the a	la	Cammanta		
Pre activity checklist Off site venue visited		On the day Comments  Medication					
Permission slips returned		First aide kit		+			
Medical records checked			Cell phone		+		
SAP form to all teachers			Intentions left at office				
			Equipment checked				

Permission given by