

Health and Safety Site Plan for Stall (Site) Holders.

This must be lodged at the AgFest Registration Form.

| Stall Holder | Person Responsible | Contact Phone | Email |
|-------------------|--------------------|---------------|-------|
| | | | |
| Emergency Contact | | | |

(There must be a responsible sober adult named above in charge and on site at all times).

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|---------------------------------------|
| What is your stall or site providing? |
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|----------------------|--|
| Date & time on site: | |
|----------------------|--|

| | |
|-----------|--|
| Location: | |
|-----------|--|

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| Description: (add photos of any visual standards or hazards) |
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| Are you bringing into the site any hazards which have the potential to cause serious injury or damage? Include gas bottles, fire, large structures, moving parts, vehicle movement etc. |
| Yes / No |

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|---|----------|
| <h3 style="margin: 0;">Risk / Hazard Management</h3> <p style="margin: 0;">Describe your structures and what risk management do you have in place for these</p> | |
| | |
| Have you lodged your Marquee / Structure paper work at the office | Yes / No |

Hazards known for the site and task (can be an attached RISK or Hazard Register)

| Hazard or Risk List with the Worst first | How can the risk hurt you or others | What is the chance/risk of injury / damage? (Circle one of below) | What are you going to do to prevent anyone getting harmed, or damage occurring? | Safety Equipment required Training needed |
|--|--|---|--|--|
| | | Quite possible Possible Unlikely | | |
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Emergencies

First aid kit is located at the [AgFest Info Kiosk](#)
 First Aid and St John Ambulance are behind the [AgFest Info Kiosk](#).

Raise the alarm by way of cell phone to the [AgFest Info Kiosk](#):-

- Adam Berry 022 648 4691 Site Manager / Executive Director
- Andy Thompson 027 432 3611 Managing Director
- Tracey Anderson 027 522 3111 Executive Director
- Anna Marie Thompson 021 323 611 Executive Director

Contact emergency services phone **111**

Location is: **Greymouth Aerodrome. 1 Aerodrome Road, Greymouth**

Exit the site through the appropriate gate nearest you as per instructions over the PA.

Facilities are located and gates are marked on your site map. Please be aware of your nearest exit.

Evacuation Assembly points are:
[Aerodrome Road - \(locally know as the quarter mile\)](#)

Accident/Incident Reporting

All accidents and incidents must be reported immediately to [AgFest Info Kiosk](#)
[Notifiable Events](#) are also to be reported direct to Worksafe NZ 0800 20 90 20. (Worksafe are on site).
 Accident and Investigation reports are to be copied to the AgFest Committee within 24 hours.
 Accident scenes will not be disturbed until a full and complete Accident Investigation has been undertaken
 (unless directed by the Police, Emergency Services, or WORKSAFE NZ)

Communication about any safety concerns

| Date & Time | Communication | Follow up Required | Signed |
|-------------|---------------|--------------------|--------|
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Safety Inspections if required

| Date & Time | Issues | Follow up Required | Signed |
|-------------|--------|--------------------|--------|
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Please name the persons working at your Stall/Site

(Both paid Workers and Volunteers)

(There must be a named sober responsible person in charge of the Stall/Site at all times capable of handling any emergency)

| Named Responsible Person In Charge | Contact Phone | Email |
|------------------------------------|---------------|-------|
| | | |

Others

| Full Name | Contact Phone |
|-----------|---------------|
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Others on the site

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| Who else is likely to be on your site e.g. contractors, etc. |
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| What risks / hazards do they bring to the sites that can be harmful? |
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|---|
| Organisation Name, or Name/Title of the Stall/Site: |
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|---|---------|-------|
| Name of person completing this Health & Safety Plan | | |
| Name: | Signed: | Date: |
| | | |

| | | |
|---|---------|-------|
| Name of person approving the plan on behalf of Agfest | | |
| Approved: Name | Signed: | Date: |
| | | |