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|  | **NZAC Risk Management Plan****Course Name:**  |

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| **Instructors and Qualifications (if applicable):** |
| Course Manager name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |
| Instructor name: |  | Qual: |  |

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| **Dates:** |  | **Number of Participants**: |  | **Ratio:** |  |
| **Locations- Attach map if applicable):** |  |
| **Access permission:** | Obtained: |  | Not Required: |  |

List significant task related hazards that could cause injury, and describe method to either; (E) Eliminate: Ensure hazard does not exist or removed from activity (I) Isolate: Keep people away from hazard (M) Minimise: Reduce hazard to below-significant

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| **Significant Task Hazards:** | **E/I/M** | **Management Method:** | **Responsible:** |
| E.g. Equipment Failure | M | Pre-course inspection, Inspection daily, buddy checks | All |
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Use additional pages if required

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| List known Hazards that are specific to this course location here: |
| **Significant Location Hazards:** | **E/I/M** | **Management Method:** | **Responsible:** |
| E.g. Falling objects- rocks, equipment etc. | M | Helmets worn when appropriate, avoid rock fall terrain when possible, communication of dropped or falling objectives if it occurs  | All |
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| **Participants:** |
| Medical details and consents checked: | [ ]  | Participant requiring special care, and description: |  |

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| **Signed as completed to the best of our knowledge:** |
| Course Manager: |  | Additional Instructors: |  |