

# LO11 – Adventurous Journey (AJ) Intention Sheet

## Risk Management Form

Name of AJ Supervisor:				
Communication equipment:	<input type="checkbox"/> Mobile Phone: Number _____ <input type="checkbox"/> Satellite Phone: Number _____ <input type="checkbox"/> Radio <input type="checkbox"/> PLB                      HEX ID _____			
	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>
Date:				
Activity type:				
Departing From and Time: (Specific Location or Grid Ref)				
Basic trip outline				
Location that days' activity will be completed:				
Time that activity will be completed by:				
Will make rendezvous / contact by: (QLD time)				
Time to initiate search if no contact made: (Please note if this is not required due to any anticipated communication problems)				
Vehicle location & Rego No.				
<input type="checkbox"/> Venue Proforma and Map attached	<input type="checkbox"/> All Medical forms and group participant register attached			
<input type="checkbox"/> AJ Notification form attached	<input type="checkbox"/> Required Emergency & Instructor Equipment carried			

AJ Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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List the **additional** undesired events where an accident, injury or loss could occur

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## **Risk Management**

Please list how these **additional** dangers will be managed

	Risk Issue	Strategy to reduce risk to an acceptable level
<b>People</b> Attributes people bring to an activity, attitudes, fitness, health, age, fear, numbers etc		
<b>Equipment</b> Resources that impact on the activity		
<b>Environment</b> Factors that impact on the activity; weather, insects, terrain, water etc		