



CROWNSAFE FORM

CS209F4 Classification for Proposed Services – Events & Conferences

Event Name:		Date:	
Event Room:		Completed by:	
Company completing work:		Position Title:	
Scope of Work: Please provide a short, detailed description of work being conducted			

IS THE SERVICE LIKELY TO INVOLVE ANY OF THE FOLLOWING ACTIVITIES?

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| • Rigging, including the use of any lifting equipment or using floor mounted truss | YES | NO |
| • Working or performing at heights including the use of ladders (>2.0 metres) (PTW required) | YES | NO |
| • Working or performing near an exposed edge (>30 cm width gap) | YES | NO |
| • Engaging and using subcontractors | YES | NO |
| • Naked flames, sparklers, fire displays, fire performance, indoor fireworks (excluding candles) | YES | NO |
| • Confetti cannon, radiation machine, pressurised equipment or vessel | YES | NO |
| • Dangerous goods, such as but not limited to pyrotechnics, fireworks, crackers, explosives, dry ice | YES | NO |
| • Cooking demonstrations, food handling, food preparation or cooking appliances | YES | NO |
| • Hazardous chemicals/substances/gas canisters (MSDS submission required prior) | YES | NO |
| • Extreme sports, stunts, acrobatics, stilt walkers, amusement rides, or similar | YES | NO |
| • Bump-in and bump-out of sets, scenery, lighting rigs, PA systems, draping | YES | NO |
| • Bump-in and bump-out of exhibition booths or registration desks | YES | NO |
| • Excessive or prolonged manual handling, awkward postures | YES | NO |
| • Erection of staging and/or ramp or riser (dimensions required) | YES | NO |
| • Vehicle displays | YES | NO |
| • Electrical installations or services (all equipment must be tag and tested) | YES | NO |
| • Exposure to biological hazards or the use of sharps | YES | NO |
| • Exposure to excessive noise including setup, sound check and post event | YES | NO |
| • Forklift or pallet jack operation | YES | NO |
| • Elevated work platform operation, scissor lift, vertical lift, boom lift | YES | NO |
| • Use of hand-held power tools (exclude cordless drills) | YES | NO |
| • Working or performing with lasers that are class 1 or class 2 | YES | NO |
| • Working or performing with live animals (prohibited within function rooms and back of house areas) | YES | NO |
| • Working or performing with weapons, fire arms, ammunition | YES | NO |
| • Engaging or hiring personnel who do not understand English | YES | NO |
| • Work involving other significant hazards to the public/staff/contractors | YES | NO |
| • Work involving minor (under 18 years of age) | YES | NO |

Note: If 'YES' was ticked in any of the above, then the service shall be classified as a **HIGH RISK** service. All **HIGH RISK** services require a Safe Work Method Statement to be submitted to the relevant Event Manager two (2) weeks prior to the proposed service date. All Safe Work Method Statements are reviewed to ensure the risk control measures meet Crown's minimum safety requirements. Otherwise, the service shall be classified as a **LOW RISK** service. Contract Controllers can choose to contact the HSW Department to assist with classifying any proposed services.

Will you be using a sparkular machine, smoke machine, hazer, fog machine or similar?

Please note: A SDS is required and a SWMS may be required if deemed necessary YES NO

Will you be using dry ice for smoke effects? YES NO

Signature of Contractor	
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