

Spokane County 4-H Event Safety Assessment and Implementation Checklist

Name of Event: _____

Volunteers who create this information: Please list on reverse side with email or phone numbers.

The contents of this assessment and implementation checklist must be reviewed and submitted with each Spokane County 4-H Committee Report Form from each meeting for this event.

Create a list of all safety issues that exist for this event and a list of how each safety issue will be addressed. Please be very specific about the situations and the prevention steps, particularly about who will be responsible for the implementation of the prevention steps.

| Safety Issues | Prevention Steps |
|---------------|------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |

Date of first assessment _____

Date of Final Review _____

Date of second assessment _____

Dates of assessments _____

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

Z:4-H/Risk Management/Safety Assessment...