|  |  |
| --- | --- |
| **Survey Name:** **SURVEY NO:** | **Survey Leader/S:**  |
| Start time:  | **LOCATION:** [bASE cAMP/ survey location] |
| **SURVEY LEADER CHECKLIST** |
|  Do you have a Participant list? |  Yes ❑ No ❑ |
| Are you aware of any medical considerations and known allergies of participants? *(attach further details as necessary)* |  Yes ❑ No ❑ |
|  Have you asked if participants are adequately trained/experienced & fit to undertake this survey and have you warned of possible risks/hazards as per your Risk Assessment talking points? |  Yes ❑ No ❑ |
|  Have you got all necessary safety/first aid equipment?(Unless otherwise requested, this is a standard portable first aid kit) |  Yes ❑ No ❑ |
| **ACTIVITY LEADER/S DECLARATION** |
| I have taken all appropriate measures to ensure that the proposed survey will be conducted in a safe and responsible manner. *Survey* *Leader’s Signature:*  Date: |
| Notes: |
| **BIOBLITZ BASECAMP NUMBER: site number,** [insert coordinator number]**OTHER EMERGENCY CONTACT NUMBERS**  |
| **Service** | **Location** | **Number** |
| [local] Ambulance Service NSW |  |  |
| [local] Fire Control |  |  |
| [local] Hospital |  |  |
| NSW Police |  |  |