|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  | |  | |