

5516 Spring Garden Road, Halifax Nova Scotia, Canada. B3J 1G6 (902)425-5450, ext. 316

## **CKNS Event Safety Form**

Event Leader(s):
Event Location(s):
Event Date(s):

## **CKNS Safety Checklist**

All events must follow the listed safety guidelines in addition to any relevant Paddle Canada and Transport Canada requirements. Check all boxes that are relevant to your event to acknowledge that you understand, and will abide by the guidelines.

- At all times on the water, paddlers must wear an approved PFD.
- □ A minimum of 1:5 staff to participant ratio must be maintained at all times while on the water.
- □ File a trip report with a responsible individual who is not participating in the paddle event.
- □ Check the weather the day of the event, and adjust the staff to participant ratio as needed.
- □ Have an established method of inter-group communication appropriate to the event.
- □ Make all staff aware of the emergency plan, including evacuation methods/routes.
- □ Have a chart/map of the area.
- □ All participants must sign a risk release form before participating in the event.
- □ Check and document all medical conditions and allergies of all staff and participants.
- □ Conduct a safety briefing in either or both official languages and according to the groups needs.
- □ Conduct a head count before and after the event, note this on the trip report.
- □ Helmets must be worn when paddling in fast moving water, or near breaking waves.
- □ At least one staff member should be trained in a First Aid level appropriate to the event location.
- □ If the water temperature is less then 15C staff will ensure there is an established hypothermia or cold shock plan resulting from swamping, capsizing or falling into the water.
- □ All groups must carry a waterproof first aid kid approved by Marine Occupational Safety and Health Regulations.
- □ All boats and equipment must meet Transport Canada standards.
- □ If paddling within 2 hours of sunrise or sunset all participants must have a waterproof white light.

I acknowledge and agree to follow all of the above guidelines during the CKNS Event.

Name (printed):	
Date:	
Signature:	