

GROUP SUPERVISOR FORM

Group name						
Arrival date						
Group supervisors' statement						
I have read the LIRS Group Supervisor Induction Package from Snorkelling Operations Manual v3.1, 2017. I will abide by the regulations precedures and rick control measures outlined in that package.						
 I will abide by the regulations, procedures and risk control measures outlined in that package I accept the responsibilities outlined in the <i>Regulations</i> for the supervisory position(s) indicated below 						
Position	Name	Signature	Date			
Group leader						
Snorkelling coordinator						
Lookout(s)						
Guide(s)						
First aid & oxygen provider(s)						

Risk assessment

Snorkell	ing coordinator - initial each statement to indicate your agreement
Initials	I understand the risks inherent in the snorkelling and boating activities that this group plans to carry out at Lizard Island
Initials	I will implement the control measures identified in the <i>Risk Assessment for Group Snorkelling</i> to reduce the risks to an acceptable level
Initials	I will reassess hazards prior to each snorkelling activity
Initials	I will not allow the group to undertake the activity if the level of risk is unacceptable
Initials	I will NOT allow any member of the group to use a weight belt unless the person is a competent snorkeller, is trained in its use, and I have conducted a buoyancy check
Answer	YES or NO
YES or NO	As far as I can determine, all hazards involved in the planned boating and snorkelling activities for this group are identified in the <i>Risk Assessment for Group Snorkelling</i> and I consider that the control measures listed are adequate and appropriate for the perceived risks (<i>If NO, an additional risk assessment must be completed</i>)
Signature	of Snorkelling Coordinator Date

Additional risk assessment

The group may include individuals with a higher risk profile and/or plan activities that fall outside the *Risk Assessment for Group Snorkelling*. Hazards that are not covered in that *Risk Assessment* may also be identified during the trip. This section is to assess those things. All group supervisors must initial and date each additional item listed below.

Hazard	Risk Control Measures	Initials
		& Date