



PART 2: DOCUMENTS TO BE COMPLETED BY THE ORGANISATION

FOR EVENTS ON THE GROUNDS OF GOVERNMENT HOUSE

The following documents are to be completed by the organisation.

All documents must be returned to the Government House Project Officer, either all at once or on/before the individual due dates listed.

[**DOCUMENT 1 | Event Briefing Sheet**](#Doc1) **……………………………………………………………........ Page 2**

[**DOCUMENT 2 | Bump in, bump out and run sheet**](#Doc2) **…………………………….………………… Page 6**

[**DOCUMENT 3 | WHS Contractor Induction**](#Doc3) **……………………………………………………….... Page 7**

[**Annex A – WHS Map**](#Doc3A) **….………………………………………………….…..... Page 11**

[**Annex B - WHS Acknowledgement Form**](#Doc3B) **…………………..…….…... Page 12**

[**DOCUMENT 4 | Emergency Response Plan**](#Doc4) **………………………………………………..……... Page 13**

[**DOCUMENT 5 | Guest List**](#Doc5) **…………………………………………………………………….…………… Page 15**

[**DOCUMENT 6 | Map**](#Doc6) **…………………………………………………………………………..…..……….. Page 16**

[**DOCUMENT 7 | Speech**](#Doc6) **Information …………………………………………………..…..……….. Page 16**

[**DOCUMENT 8 | Risk Assessment**](#Doc7) **………………………………………………….………………….. Page 17**

[**Annex A - Risk Rating Matrix**](#Doc7A) **...…………………….….…..……........... Page 18**

[**Annex B - The Risk Assessment**](#Doc7B) **………………..………..………………… Page 20**

[**DOCUMENT 8 | Toilet Facilities**](#Doc8) **………………………………………………………………………... Page 22**

[**DOCUMENT 9 | Incident Reporting**](#Doc9) **…………………………………………………………………... Page 23**

*(Hint: Ctrl+Click on the document name to jump to the page)*

**DOCUMENT 1 | Event Briefing Sheet | Due: 3 WEEKS BEFORE EVENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANISATION NAME**  *Official name of hosting organisation* | | | |  | | | | | | | | |
| **EVENT TITLE**  *Name of event* | | | |  | | | | | | | | |
| **EVENT DATE**  *Day, date, month, year* | | | | Click here to enter a date. | | | | | | | | |
| **EVENT TIME**  *Start and finish time* | | | | Start  Finish | | |  | | | | | |
| **LOCATION AT**  **GOVERNMENT HOUSE** | | | |  | | | | | | | | |
| **CONTACT DETAILS**  *Please list the details of* ***two people*** *who will be present and contactable on the day of the event and during the event.* | | | | | | | | | | | | |
| **Title** | | **First name** | | | **Surname** | | | **Post nominals** | | **Position** | | **Mobile number** |
| 1. | |  | | |  | | |  | |  | |  |
| 2. | |  | | |  | | |  | |  | |  |
| **DRESS**  *It is important that the Governor and Mrs Le are dressed appropriately and consistent with other guests.*  *Please indicate what other guests have been advised to wear.* | | | | Smart Casual (no tie, informal events)  Lounge Suit / Day Dress (business suit, day time events)  Lounge Suit / After Five (cocktail dress, semi-formal events)  Dinner Jacket / Evening Dress (bowtie/long gown, formal events)  Uniform – *please specify*  Other – *please specify* | | | | | | | | |
| **DECORATIONS**  *Will guests be requested to wear insignia of military and civilian honours?* | | | | No decorations  Full-size decorations (for daytime events)  Miniature decorations (for formal black tie events) | | | | | | | | |
| **EVENT DETAILS**  *The following important event details help Government House to appropriately prepare event and security requirements.* | | | | **NUMBER OF GUESTS -** *Approx. number of people attending: \_\_\_\_\_\_\_\_\_\_*  **TICKETING OF THE EVENT** *– is best described as:*  Invitation only  Ticketed  Open to the public with no advance ticketing  **ALCOHOL SERVED?**  Yes  No  **FOOD AND BEVERAGE DETAILS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **GOVERNOR’S ARRIVAL AND DEPARTURE TIME**  *This is when the Governor and/or*  *Mrs Le should exit/enter Government House.* | | | | ***ARRIVAL*** *- It is customary on most occasions for the Governor and/or Mrs Le to arrive just prior to the commencement of formalities and to be the last official guest(s) to arrive.*  **SUGGESTED ARRIVAL TIME:** *\_\_\_\_\_\_\_\_\_\_* | | | | | | | | |
| ***DEPARTURE -*** *It is customary on most occasions for the Governor and/or Mrs Le to be the first guest to depart following formalities. A discreet departure is preferred with no announcement to be made.*  **CONCLUSION TIME OF FORMALITIES:** *\_\_\_\_\_\_\_\_\_\_*  **CONCLUSION TIME OF EVENT:** *\_\_\_\_\_\_\_\_\_\_* | | | | | | | | |
| **GREETING THE GOVERNOR ON ARRIVAL**  *It is customary for the host, or his/her representative (and their partner, if applicable) to greet the Governor and/or Mrs Le at one of the entrances to Government House, and to escort them into the event area.*  *Please provide the details of the person/people meeting the Governor and/or Mrs Le.* | | | | | | | | | | | | |
| **Title** | | **First name** | | | **Surname** | | | **Post nominals** | | **Position** | | **Mobile number** |
| 1. | |  | | |  | | |  | |  | |  |
| 2. | |  | | |  | | |  | |  | |  |
| **GUEST ARRIVAL AND DEPARTURE**  *It is customary for staff from the organisation to greet their guests on arrival.* | | | | | | **GUEST ARRIVAL TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HOW WILL GUESTS ARRIVE?**  Own Transport  On Foot  Coaches/Busses  *Additional arrival information:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **GUEST DEPARTURE TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HOW WILL GUESTS DEPART?**  Own Transport  On Foot  Coaches/Busses  *Additional departure information:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **GUEST IDENTIFICATION**  *How will guests be identified upon arrival and differentiated from the general public?* | | | | | | **DETAILS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PRESENTATION OF KEY GUESTS TO THE GOVERNOR**  *It is customary on most occasions for the host of the event to present keys guests to the Governor and/or Mrs Le. Where possible this should occur near the entrance/exit point of Government House, rather than in front of the guests.*  **PRESENTATION AREA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Guests to be presented:**  *Key dignitaries and senior representatives should be presented, but this will vary as appropriate, depending on the event in question. Example of guests to be presented are:*   * *Dignitaries (i.e. people featured in the South Australian Order of Precedence – see below)* * *President / Board Members / CEO etc. of the host organisation* * *Special guests (e.g. guest speakers)* | | | | | | | | | | | | |
| **Title** | **First name** | | **Surname** | | | | **Post nominals** | | **Position** | | **Organisation** | |
| 1. |  | |  | | | |  | |  | |  | |
| 2. |  | |  | | | |  | |  | |  | |
| 3. |  | |  | | | |  | |  | |  | |
| 4. |  | |  | | | |  | |  | |  | |
| **SOUTH AUSTRALIAN ORDER OF PRECEDENCE**   |  |  |  |  | | --- | --- | --- | --- | | 1 | The Governor-General | 23 | 1. Former Governors of South Australia, *according to date of leaving office* | | 2 | The Governor | 24 | 1. Former Premiers, *according to date of leaving office* | | 3 | The Officer Administering the Government | 25 | 1. Former Prime Ministers, *according to date of leaving office* | | 4 | Governors of other States | 26 | 1. Former Chief Justices, *according to date of leaving office* | | 5 | The Premier | 27 | The Puisne Judges (Supreme Court) | | 6 | The Prime Minister of Australia | 28 | Judges of the High Court | | 7 | The Lieutenant-Governor *(unless Administering the State)* | 29 | Members of the Legislative Council | | 8 | The Chief Justice of the Supreme Court of South Australia | 30 | Members of the House of Assembly | | 9 | 1. Foreign Ambassadors and High Commissioners | 31 | The Lord Mayor | | 10 | 1. Foreign Ministers and Envoys | 32 | Federal Members of Parliament | | 11 | Members of the State Executive Council *(Ministers, in order of precedence)* | 33 | Chief Judge, District Court | | 12 | The President of the Legislative Council | 34 | President of the Industrial Court | | 13 | The Speaker of the House of Assembly | 35 | Judges of District Court | | 14 | Chief Justice of Australia | 36 | Deputy President of Industrial Court | | 15 | Members of the Federal Executive Council *(Federal Ministers, in order of precedence)* | 37 | Judges of the Federal Court, the Family Court, and other Australian Courts | | 16 | Federal President of the Senate | 38 | The Judge in Bankruptcy | | 17 | Federal Speaker of the House of Representatives | 39 | Judges of Licensing Court | | 18 | The Leader of the, Opposition (House of Assembly) | 40 | Senior Defence Force Representatives, SA (Naval, Military and Air Forces) | | 19 | The Leader of the Opposition in the Legislative Council | 41 | Consular Body, SA | | 20 | The Federal Leader of the Opposition | 42 | Heads of State Government Departments, Commissioner of Police, Solicitor General, Auditor-General, and Ombudsman | | 21 | Premiers of other States | | 22 | 1. Former Governors-General, *according to date of leaving office* | 43 | Ex-Ministers of the State and persons authorised to retain the prefix “Honourable” | | | | | | | | | | | | | |
| **SEATING AND FLOOR PLAN**  *In order to brief the Governor and to ensure protocols are correctly followed, Government House needs to be aware of seating and floor plans for any seated event.*  *If there is seating at your event, please attach a copy of the seating plan. It does not need to indicate where all attendees will sit, however where possible, the host should sit to the Governor’s left and the Aide/HADC should be seated directly behind the Governor and close to the aisle.*  **PLEASE INDICATE SEATING ARRANGEMENTS:**   1. **The Governor and Mrs Le:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **Aide/HADC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **SEATING PLAN ATTACHED?**  Yes  No | | | | | | | | | | | | |
| **VICE-REGAL SALUTE**  *The Vice-Regal Salute is the first four and the last four bars of “Advance Australia Fair”. It is a personal salute that is played to mark the arrival of the Governor at certain events. It may be performed live or a copy of the Vice-Regal Salute on CD/MP3 file can be borrowed from Government House, or downloaded from the Government House website.*  *Whether or not the Vice-Regal Salute should be played will vary depending on the specifics of each event. The Project Officer can assist you in determining if playing the Vice-Regal Salute is appropriate at your event. Examples of occasions when it is customary to play the Vice-Regal Salute include:*   * *Ceremonial and formal occasions (e.g. opening ceremonies, award ceremonies and gala events)* * *Opening night theatre performances and concerts (providing it is not artistically inappropriate)* * *Church services where the Governor is taking a special part in the service or the service of a special occasion*   **The Vice-Regal Salute should not be played while the Governor is walking. It is played when the Governor has reached his position at the dais, podium or table and the accompanying party are motionless.**  **VICE-REGAL SALUTE TO BE PLAYED?**  Yes  No  **CD/MP3 OF VICE-REGAL SALUTE REQUIRED?**  Yes  No | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION**  *We ask that you also provide additional background information about the event and organisation, such as how long the event has been running for, how the any significant milestones for your organisation, any awards received etc.*  ***Please attach as a separate document.*** | | | | | | | | | | | | |

**DOCUMENT 2 | Bump in, bump out and run sheet | Due: 2 WEEKS BEFORE EVENT**

*Please provide a comprehensive run sheet with bump in/out details included. Please add as much detail as possible.*

*The below may be used as a guide but it can be submitted in any appropriate format.*

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Details** |
| **Thursday,**  **1st January** | 9:30 am – 4:30 pm | Festival Hire arrive via main gate to set up main marquee.  Mr Chris Porter, 0416 354 182 - 1x vehicle |
|  | 11:00 am – 12:00 pm | AV Hire arrive via main gate to set up sound system.  Mr James McMahon, 0416 354 182 - 1x vehicle |
| **Friday,**  **2nd January** | 8:30 am | Event staff arrive.  8x staff wearing branded uniforms. 4x vehicles. |
|  | 10:30 am | Ms Jessica Smith, Director, Adelaide Soccer Club, arrives at the Eastern Entrance of Government House to greet the Governor and escort him to the marquee. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**DOCUMENT 3 | WHS Contractor Induction | Due: BEFORE ENTRY TO GROUNDS**

*This document is to inform contractors of the requirement to comply with Work Health and Safety responsibilities while working at Government House.*

All contractors must comply with relevant Work Health and Safety Legislation, Regulations, Australian Standards, Codes of Practice, and Department of the Premier & Cabinet (DPC) and Government House policies and procedures.

Each member of a contractor’s staff working within the grounds of Government House is required to read the information below and sign the Acknowledgement Form (see **Annex B**) once each twelve month period.

The signed Acknowledgement Form (**Annex B**) must be returned to Government House prior to any work within the grounds of Government House commencing. If you are provided with the WHS Contractor Induction Form by a host organisation it is preferred that you return the signed Acknowledgement Sheet via the host organisation. Additional copies of the WHS Contractor Induction Form are available from Government House or the host organisation if applicable.

**ACCESS**

Access to Government House is through the Main Gate on the corner of King William Road and North Terrace. Prior to arrival arrangements should be made with Government House

(PH: 8203 9800) or the host organisation if applicable.

Work should be undertaken between the hours of 7:00 am and 5:00 pm, Monday to Friday, unless otherwise authorised by a Government House representative.

**SIGNING IN/OUT**

Contractors are required to sign in at the Guardhouse prior to commencing work within the Government House grounds and sign out on completion of work. Each individual contractor will be issued with a pass which must be worn at all times.

**KEY CONTACT NUMBERS**

Government House Switchboard (24 hrs) 8203 9800

Guard House 8203 9870/8203 9871

Chief Emergency Response Warden 8203 9840 (Business hours)

**ADDRESSING THE GOVERNOR OF SOUTH AUSTRALIA**

The salutation (greeting) for the Governor is: **Your Excellency**

**VEHICLE PARKING**

Whilst a contractor is working at Government House, parking within the grounds is available in the staff car park.

**FIRST AID**

A first aid box is located in the Guard House. A first aid box may also be available from the host organisation if applicable. If you require urgent assistance please call 8203 9800. All incidents must be reported.

**See below: DOCUMENT 9** **| Incident Reporting**

**REPORTING INCIDENTS AND HAZARDS**

All injuries, incidents, near misses and hazards must be reported immediately to Government House by telephoning 8203 9800.

The Government House Hazard and Incident Report Form must be completed within 24 hours and given to the Government House Business Manager (PH: 8203 9830).

**See: DOCUMENT 9** **| Incident Reporting**

**SMOKING**

Smoking is not permitted within the grounds of Government House.

**DRUGS & ALCOHOL**

It is not permitted to carry, consume or be affected by alcohol or drugs while working within the Government House grounds.

You must notify Government House (PH: 8203 9800) of any person who you believe is a risk to their own health and safety or the health and safety of others due to being affected by alcohol or other drugs.

**ALARMS, EVACUATION, EXITS AND FIRE EQUIPMENT**

In the event of an evacuation the emergency assembly areas are at the fountain on the front lawn of Government House and/or the rear staff car park. Contractors must comply with all instructions from Government House staff and security personnel in the event of an emergency.

**See: Annex A (below)**

**JOB SAFETY ANALYSIS**

Safe Work Method Statements (SWMS)/ Job Safety Analyses (JSA) must be prepared by yourself or your employer.

You must ensure that you have reviewed, understood and signed the applicable SWMS and/or any risk assessment/JSA before commencing work. Copies of each JSA must be available for sighting by a Government House representative on request.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE appropriate to the industry standard for the trade and task being performed is to be worn at all times. Required PPE will be documented throughout your SWMS, JSA or other risk assessment documentation.

**SITE SPECIFIC HAZARDS**

Contractors should consult with a Government House representative to determine any specific hazards that may exist in the areas that they will be working.

The Asbestos Register is located in the rear corridor of Government House.

The Hazardous Chemical Register is located in the fire safety board (see Annex A).

**WASTE MATERIAL**

Contractors are required to remove all waste material from the Government House grounds on completion of the work to be performed.

Hazardous waste must be disposed of according to Environmental Protection Agency (EPA) guidelines.

**HAZARDOUS SUBSTANCES/DANGEROUS GOODS**

Contractors using hazardous substances/dangerous goods while within Government House grounds are required to inform Government House and the host organisation if applicable, prior to commencing work.

Contractors are required to provide Safety Data Sheets (SDSs) for all hazardous substances/dangerous goods brought into the Government House grounds and locate them in an easily accessible area. (Copies of SDSs must be given to a Government House representative and the event organiser if applicable.)

**WORK AREAS**

Contractors should restrict their movements and activities to within the designated areas and times required for the project or job. Contractors must ensure the work area remains safe and secure at all times.

**TOOLS AND EQUIPMENT**

Contractors are responsible for their own tools and equipment and must secure them in such a way that will prevent any injury or damage to Government House staff, visitors or property.

If contractors use any Government House equipment, it is to be returned in good working order and any faults must be reported to a Government House representative.

**ELECTRICAL EQUIPMENT**

All electrical equipment used within Government House grounds is to be tested and a current test tag must be attached. Contractors without tested and tagged equipment will not be permitted to commence work until their equipment is compliant.

Never use electrical equipment without a tested earth leakage protection device (Residual Current Device - RCD). Never remove anyone else’s Danger Tag.

**GRINDERS**

All grinders must have a Deadman/Safety Switch system and 9” grinders must have ‘D’ handles. Eye protection and hearing protection must be worn. (Welder’s masks are not suitable.)

**SPILLAGE AND CLEAN UP**

Any spills of fuel, oil, paint, solvents, chemicals or pollutants must be reported to a Government House representative immediately (PH: 8203 9800). The contractor will be required to participate in completing the environmental investigation and physical clean up and will also be liable to cover associated costs.

**HOT WORK**

Prior to commencing any Hot Work (grinding, cutting, welding) contractors must complete a Hot Work Permit which is available from a Government House representative.

**WORKING AT HEIGHTS**

Contractors are required to comply with relevant legislation and Australian Standards regarding working at heights. Appropriate licensing and certification evidence must be made available for sighting by a Government House representative.

**SCAFFOLDING**

All scaffold supplied by a contractor must be erected by a competent person and scafftagged.

All scaffold must be inspected every 30 days as per Australian Standard AS/NZ4576. The scafftag on the scaffold must be signed off by the scaffolder.

**OPERATING PLANT**

Equipment should only be operated by persons who are:

* trained
* competent
* authorised to operate that plant

Appropriate licensing and certification evidence must be made available for sighting by a Government House representative on request.

**TEMPORARY STRUCTURES**

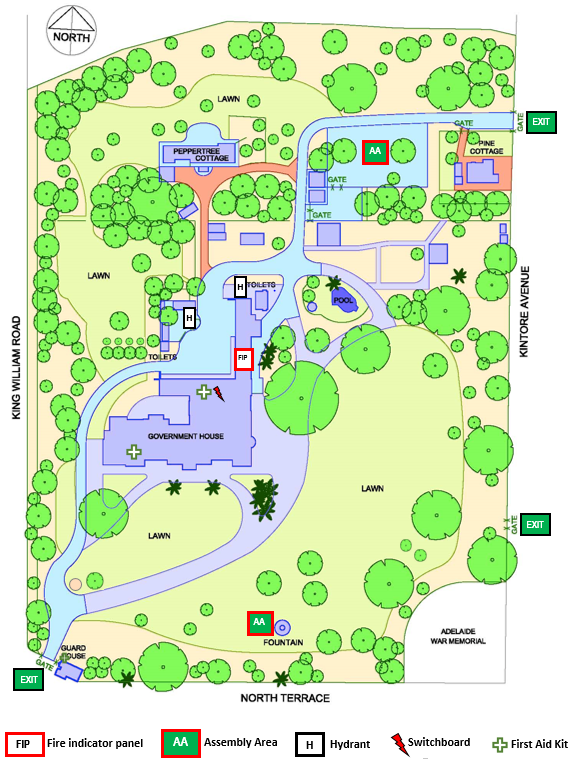
Prior to the erection of temporary structures (marquees, tents, shelters etc.) on Government House grounds Government House staff must approve the location. The location of irrigation lines must be marked out with flags by the Government House Gardner prior to any pegging occurring.

As per legislative requirements a construction industry induction (White Card) is required prior to beginning works relating to structures.

Appropriate licensing and certification evidence must be made available for sighting by a Government House representative.

**CONFINED SPACES**

All personnel required to work in an area defined as a “Confined space” are required to comply with DPC WHS Policy 18 Confined Space Policy and Procedure and related forms and permits, a copy of this documentation is available from a Government House representative on request.

**DOCUMENT 3 | WHS Map - ANNEX A**

**DOCUMENT 3 | WHS Acknowledgement Form - ANNEX B**

*(to be completed by all contractors, prior to entering the grounds)*

**ACKNOWLEDGEMENT FORM**

I acknowledge that the attached document contains important information on working safely at Government House.

I have read and understood the requirements to comply with Work Health and Safety responsibilities while working at Government House.

**First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company/Business name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**White Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued date \_\_\_\_\_\_\_\_\_\_**

**Other tickets/cards held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach a photocopy of your current white card and return the signed Acknowledgement Form to* Government House prior to any work commencing within the grounds of Government House. Where possible it should be returned at least one week prior to work commencing.

**DOCUMENT 4 | Emergency Response Plan | Due: 3 WEEKS BEFORE EVENT**

*Please complete and return to the Government House Project Officer. Once received, Government House will confirm the final Emergency Response Plan for the event.*

*Based on the completed information and nature of event Government House may alter the below Emergency Evacuation Plan. An updated version will be re-issued.*

|  |  |  |
| --- | --- | --- |
| **ORGANISATION CHIEF EMERGENCY RESPONSE OFFICER** | | |
| Name: |  | |
| Mobile: |  | |
| **GOVERNMENT HOUSE CHIEF EMERGENCY RESPONSE WARDEN** | | |
| Name:  **Mr Troy Mason, Butler** | | Mobile:  **8203 9840 / 8203 9841** |
| **OTHER GOVERNMENT HOUSE RESPONDERS** | | |
| Name:  **Guard House (Guard on Duty)** | | Mobile:  **8203 9871 / 8203 9870** |
| **EMERGENCY CONTACT NUMBERS** | | |
| **First Aid Officer On Site** | | Name:  Mobile: |
| **St John Ambulance** | | 000 |
| **Metropolitan Fire Brigade** | | 000 |
| **In the event of an emergency, the MC, the Events Coordinator**  **(or Government House Chief Emergency Response Warden)**  **is responsible for making any announcements using the PA system.** | | |

**In An Emergency**

* **DANGER**: Do not place yourself or anyone else at risk
* **ALERT**: Obtain assistance – call 8203 9800
* **ASSIST**: Where possible - and only if safe to do so – assist in managing the threat or providing first aid.

**Emergency Access Locations**

**WHS MAP: See DOCUMENT 3 | Annex A (page 11)**

There are two emergency access locations for the Government House grounds:

* **Main gate**: corner of King William Road and North Terrace.
* **Kintore Avenue vehicle gate**: via Government House staff car park.
* **NOTE:** If required the pedestrian gate on Kintore Avenue will also be opened by security personnel.

In the event of an emergency on the grounds report, the emergency to the Events Coordinator. The Events Coordinator will notify the Chief Emergency Response Warden.

The Chief Emergency Response Warden will be Troy Mason from Government House.

**Contacting Police, Fire, Ambulance**

In the event of a fire, gun man or bomb threat, the Event Coordinator will firstly notify

Troy Mason, Government House Chief Emergency Response Warden, who will immediately notify the relevant state emergency services of the situation.

**Notice of Evacuation**

Once a fire, gun man or bomb threat occurs, certain procedures need to be in place to ensure everyone is evacuated quickly, smoothly and safely from the grounds.

The Government House Chief Emergency Warden will advise which exits are appropriate to use.

**Assembly Area**

The primary assembly area is located at the water fountain on the lawns area near North Terrace.

In an emergency, staff are asked to assemble at the water fountain, if safe to do so.

If alternative arrangements need to be made it will be announced by the MC/Event Coordinator as directed by the Chief Emergency Response Warden.

**Lost Children** (if applicable) –

MC (or event staff if directed by the Events Coordinator) to:

* Announce that the lost child/children and or their parents/guardian/carer should report to the stage or to the nearest event staff member for assistance.
* Provide a description of what the child is wearing, their approximate age and ask guests if they have sighted the child and if so report to a staff member.

**Power Failure**

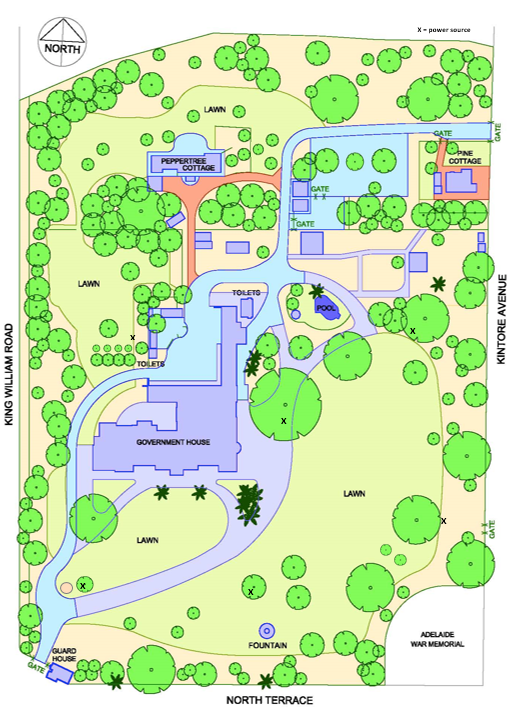
* MC to make a public announcement.
* Event staff member or Government House staff to assist if any injuries or accidents occur

**DOCUMENT 5 | Guest List | Due: 1 WEEK BEFORE EVENT**

*The below may be used as a guide but it can be submitted in any appropriate format.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Partner Name** | **Position** | **Organisation** |
| *The Hon. John Gardner MP* |  | *Minister for Education* | *Parliament House* |
| *Dr Susan Close MP* |  | *Shadow Minister for Education* | *Parliament House* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DOCUMENT 6 | Map | Due: ASAP**

*Using the below Map, please sketch how you intend to set up the event e.g. marquees, rubbish bins, stage, catering tent etc.*

**DOCUMENT 7 | Speech Information | Due: 2 WEEKS BEFORE EVENT**

*To ensure the Governor’s speech reflects the purpose of the event and that the guests will be able to identify with the words, it would be appreciated if you could please prepare the following information where applicable.*

|  |
| --- |
| **Please outline the purpose and nature of your event, the size and make-up of the audience, and how you would like the Governor to be involved.** |
| **Background information on the organisation**  *Please provide one to two paragraphs outlining the organisation’s purpose, history, and goals.* |
| **Key milestones to be acknowledged**  *Please list the key achievements and/or milestones of this organisation in the past 12 months.* |
| **Key topics and messages**  *Please outline any particular topics, themes, trends and/or key messages that would be relevant for the Governor to address in the speech.* |
| **Any other information**  *Please list any other information that may be useful for the speech. This could be statistics that showcase the organisation and its work, any key challenges you are facing, any future plans worthy of acknowledgement, etc.* |

**DOCUMENT 8 | Risk Assessment | Due: 3 WEEKS BEFORE EVENT**

*To mitigate the risks associated with the holding of events on the Government House grounds, the Office of the Governor requires host organisation to prepare a plan in which all reasonable risks have been identified and assessed.*

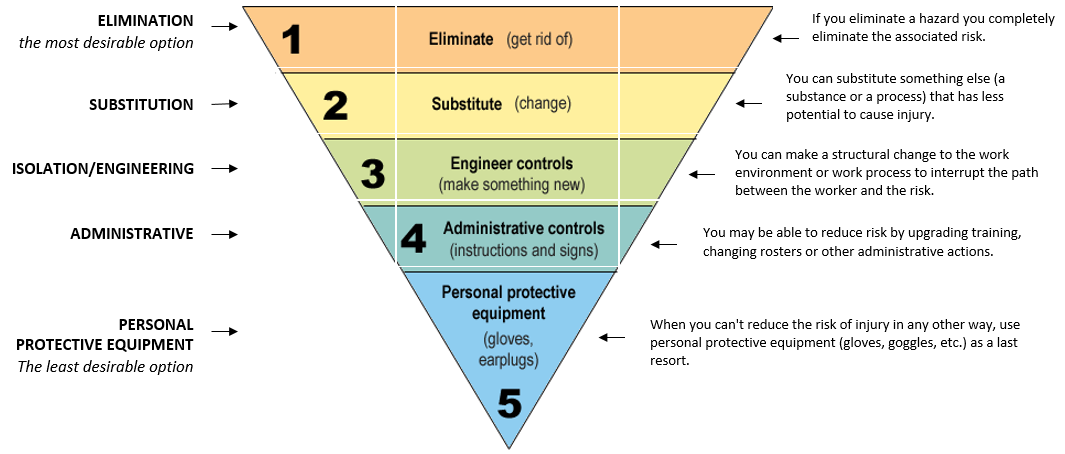
This assessment includes a prediction of the likelihood of an adverse event happening, and of the consequences if one was to occur, and an identification of steps that can be adopted to eliminate or lessen the risk. For example, a risk could be posed by an electrical cord that is placed across a walkway. It may not be able to be placed elsewhere but if a cable tray is used, then guests are less likely to trip.

The types of risks identified will be dependent upon:-

* the demographics of the guests (e.g. age profile)
* the number of guests
* the type of infrastructure to be erected
* the type of electrical equipment used
* the expected weather and time of the year
* the catering chosen and whether alcohol is to be served

Your organisation may already have a risk assessment template that it commonly uses, and assuming that it is sufficiently comprehensive, that may be acceptable. The below annexes are provided for those organisations who are starting from scratch.

***An example of a Risk Assessment can be provided by the Project Officer upon request.***

The **‘hierarchy of control’** is a useful tool as a control measure for the effective use of controlling risk. The order tells you which of the types of control measure provides a better level of risk control. Higher order controls are those at the top of the pyramid and lower order controls are those at the bottom. The higher in the hierarchy of control, the better and more reliable the control is. Preferably use ‘Elimination’ as a control measure, wherever possible.

**DOCUMENT 8 | Risk Rating Matrix – ANNEX A**

The Risk Rating Matrix will assist you to determine the risk rating to be given to each risk, for example, the likelihood of a marquee collapsing during an event is ‘Possible’ and the consequence that someone requires medical assistance could be considered ‘Moderate’.

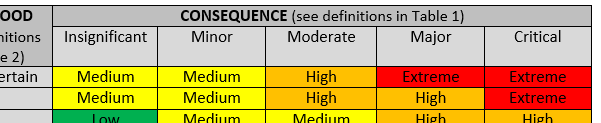
On the coloured chart, a ‘Possible’ Likelihood with a ‘Moderate’ Consequence is rated as a Medium Risk. However, if the marquees are erected by suitably trained and professional staff, then the likelihood could be considered ‘Unlikely’ or ‘Rare’ - but if it did collapse it could still result in medical treatment and so the Risk Rating would remain ‘Medium’.

**DETERMINING THE RISK RATING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LIKELIHOOD**  (see definitions in Table 2) | **CONSEQUENCE** (see definitions in Table 1) | | | | |
| Insignificant | Minor | Moderate | Major | Critical |
| Almost Certain | Medium | Medium | High | Extreme | Extreme |
| Likely | Medium | Medium | High | High | Extreme |
| Possible | Low | Medium | Medium | High | High |
| Unlikely | Low | Low | Medium | Medium | High |
| Rare | Low | Low | Medium | Medium | High |

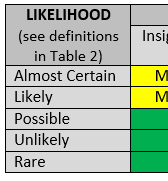
|  |  |
| --- | --- |
| EXTREME:  HIGH:  MEDIUM:  LOW: | High risk, immediate action required  Significant risk, immediate action required  Medium risk, management must assign responsibility to action  Low risk, managed by routine procedure |

**Table 1: CONSEQUENCES**



|  |  |
| --- | --- |
| **Description** | **Detail** |
| Critical | Fatality/Fatalities or severe permanent disability /extensive production stoppages/ total product recall/Offsite substance release with environmental damage/ National and or International news coverage/ Major financial loss |
| Major | Inpatient Hospitalisation, actual or potential disability, lost time injuries greater than 5 days /Loss of production/Batch recall/ Offsite substance release – no environmental damage/National news coverage/High financial loss |
| Moderate | Medical treatment required but no permanent disability, lost time injuries less than 5 days/Product reclassification / Onsite substance release – contained, clean-up without outside assistance/State news coverage/Significant financial loss |
| Minor | First aid required treatment required but no permanent disability, lost time injuries less than a day /Low loss of event or utility/Onsite substance release and contained/Low financial loss |
| Insignificant | No injuries /Minimal product/equipment damage/Procedural rather than event concern/procedural review required/Immediate work area clean-up/Minor financial loss |

**Table 2: LIKELIHOOD**



|  |  |
| --- | --- |
| **Description** | **Detail** |
| Almost Certain | The event is *expected* to occur (Once a week or daily) |
| Likely | The event will *probably* occur in most circumstances (Once a month) |
| Possible | The event *should* occur at sometime (Once a year) |
| Unlikely | The event *may* occur at some time (Once in 5 years) |
| Rare | The event *may* only occur in exceptional circumstances (Once in10 yrs) |

**DOCUMENT 8 | The Risk Assessment – ANNEX B**

*To assist Government House to meets its WHS responsibilities, the organisation has assessed the risks associated with conducting this event, as evidenced by the completion of this document:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Details** | | | | |
| Organisation Name: | |  | | |
| Title: | |  | | |
| Date: | |  | | |
| Description of the event: | |  | | |
| **Organisation Contact Details** | | | | |
| Name: |  | | Position: |  |
| Mobile: |  | | Work Number: |  |
| Email: |  | | | |
| Postal Address: |  | | | |
| **Contractors and Volunteers** | | | | |
| Security: | Police Security Service Branch (PSSB) | | | |
| First Aid: | *(If required)* | | | |
| Contractors: | *(Please list all contactors/suppliers separately)* | | | |

| **Hazard** | | **Risks** | **Risk rating** | **Corrective Action** | **Residual Risk**  **Rating** | **Residual Risk**  **Rating Accepted Y/N** | **Responsibility** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMERGENCY** | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **PRE AND POST EVENT** | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **DURING THE EVENT** | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**DOCUMENT 9 | Toilet Facilities | Due: n/a**

*The following table provides a recommendation to the number of toilet facilities which should be made available for various numbers of guests over differing periods of time.*

**Toilet facilities for events where alcohol is NOT available:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MALES** | | | **FEMALES** | |
| **Guest Numbers** | **WC Count** | **Urinals** | **Handwashing Basins** | **WC Count** | **Handwashing Basins** |
| **<500** | 1 | 2 | 2 | 6 | 2 |
| **<1000** | 2 | 4 | 4 | 9 | 4 |
| **<2000** | 4 | 8 | 6 | 12 | 6 |
| **<3000** | 6 | 15 | 10 | 18 | 10 |
| **<5000** | 8 | 25 | 17 | 30 | 17 |

**Toilet facilities for events where alcohol IS available:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MALES** | | | **FEMALES** | |
| **Guest Numbers** | **WC Count** | **Urinals** | **Handwashing Basins** | **WC Count** | **Handwashing Basins** |
| **<500** | 3 | 8 | 2 | 13 | 2 |
| **<1000** | 5 | 10 | 4 | 16 | 4 |
| **<2000** | 9 | 15 | 7 | 18 | 7 |
| **<3000** | 10 | 20 | 14 | 22 | 14 |
| **<5000** | 12 | 30 | 20 | 40 | 20 |

**Depending on the duration of the event, the number of toilet facilities can be reduced proportionally as follows:**

|  |  |
| --- | --- |
| **Duration of event** | **Quantity required** |
| 8 hours + | 100% |
| 6 - 8 hours | 80% |
| 4 - 6 hours | 75% |
| Less than 4 hours | 70% |

**DOCUMENT 10 | Incident Reporting Due: AS NECESSARY**

*All injuries, incidents, near misses and hazards must be reported immediately to Government House (PH: 8203 9800).*

*The* ***YELLOW sections*** *must be completed within 24 hours of any incident (as a minimum) and given to the Government House Business Manager (PH: 8203 9830).*

**HIRM HAZARD AND INCIDENT REPORT AND INVESTIGATION FORM**

|  |
| --- |
| ***TO BE COMPLETED*** *in accordance with the Hazard and Incident Report and Investigation standard and forwarded to the manager/ supervisor upon completion of* ***SECTION ONE****.*  *All data from this form is to be lodged electronically onto the HIRM System within 24 hours*  ([*https://saps.sbcit.com.au/incidentform/*](https://saps.sbcit.com.au/incidentform/)*)*  ***Shaded areas are mandatory and MUST be completed as a minimum*** |
| **warning  IMPORTANT REMINDER: Immediately report to SafeWork SA any of the following:** |
| 1. Work related death; 2. Injury or illness that:  * requires admittance to hospital as an inpatient; or * results from exposure to any substance that causes acute symptoms; or  1. Dangerous Occurrence   **Emergency Telephone: 1800 777 209 (24 Hours)** |
| **MANDATORY REPORTING OF ALL ELECTRICAL INCIDENTS** |
| Reported to the **Office of the Technical Regulator** by the electrical worker or the occupier of the premises where the incident occurred   1. Complete an **Electric shock or incident report form** available from the Office of the Technical Regulator**,** or the Safety and Wellbeing unit 2. Send the completed form to the Office of the Technical Regulator. 3. Report the accident to Safework SA 4. Timelines for Reporting an Electric shock or incident - the timelines for reporting electrical accidents depend on the severity of injuries sustained in the incident.  * Death must be reported immediately via telephone. * Any accident where a person requires medical assistance must be reported within one working day. * All other accidents involving electricity must be reported to the Office of the Technical Regulator within 10 working days of the day of the accident.   **For further advice or help, contact the Office of the Technical Regulator, PH: 8226 5500** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. 1 Person Reporting the Incident/Hazard** | | | | | |  | | | | | | | | | | | | | |
| Date: | | | | | |  | | | | | | | | | | | | | |
| Surname: | | | | | | First Name: | | | | | | | | | | | | | |
| Incident type: (Please select one)  Hazard (*go to Q.1.3*)  Near Miss / Incident  Injury | | | | | | | | | | | | | | | | | | | |
| **1.2 Person Involved Details** | | | | | | | | | | | | | | | | | | | |
| Person Involved: | Self  Another person | | | | | | | | | For non-employee please tick one of the following:  Contractor Visitor Volunteer | | | | | | | | | |
| Person Type: | Employee Non-employee | | | | | | | | |
| Surname: | | | | | | | | | | First Name: | | | | | | | | | |
| Gender: | | | Male  Female | | | | | | | Date of Birth: | | | | | | | | | |
| **If an employee please complete your contact number** | | | | | | | | | | | | | | | | | | | |
| **1.3 Accident/Incident Cost Centre** | | | | | | | | | | | | | | | | | | | |
| Portfolio: | | | Premier & Cabinet | | | | | | Service: | | | | | | | | |  | |
| Region: | | | Premier & Cabinet | | | | | | Division: | | | | | | | | |  | |
| Agency: | | |  | | | | | | Cost Centre: | | | | | | | | |  | |
| **1.4 Notifications** | | | | | | | | | | | | | | | | | | | |
| Supervisor | | |  | | | | | | HSR | | | | | | | | |  | |
| Manager | | |  | | | | | | OHS Consultant | | | | | | | | |  | |
| Other | | |  | | | | | |  | | | | | | | | |  | |
| **1.5 Incident/Hazard Details** | | | | | | | | | | | | | | | | | | | |
| Date of Incident:: | | | |  | | | | | | | | Time: | | | | AM / PM | | | |
| Date first reported: | | | |  | | | | | | | | Reported to: | | | |  | | | |
| Location of Accident/Incident  Alternate Workplace Normal Workplace Travel From Work Travel To Work Travel Within Work | | | | | | | | | | | | | | | | | | | |
| Specific Location:  Address:  Suburb: State: Postcode: | | | | | | | | | | | | | | | | | | | |
| **1.6 Description of Incident/Hazard** | | | | | | | | | | | | | | | | | | | |
| What happened? *(Describe what happened)*  What caused the Incident/Hazard? | | | | | | | | | | | | | | | | | | | |
| Witness | | | | | | | | | | | Yes | | | | | | No | | |
| If so, name of witness: | | | | | | | | | | | | | Contact Phone: | | | | | | |
| **1.7 Injury Details (If a nears miss go to SECTION 2)** | | | | | | | | | | | | | | | | | | | |
| Injury Type: | | Lost Time Injury  Medical treatment  First Aid  No Treatment | | | | | | | | | | | | | | | | | |
| If Lost Time Injury: | | Date Ceased: Time Ceased: | | | | | | | | | | | | | | | | | |
| Bodily Location of Injury/Disease (eg: left eye, upper left leg multiple locations): | | | | | | | | | | | | | | | | | | | |
| Description of Illness/Injury: | | | | | | | | | | | | | | | | | | | |
| Details on how Injury/Disease was sustained: | | | | | | | | | | | | | | | | | | | |
| **1.8 Incident Question** *(HIRM will have further information to complete depending on the option chosen)* | | | | | | | | | | | | | | | | | | | |
| What category does this incident fall under? | | | | | | | | Psychological | | | | | | | Training | | | | |
| Falls Slips Trips | | | Aggression/Violence | | | | Exposure | | | | | | | | Muscular Stress/Manual Handing | | | | |
| 1.9 Treatment Details | | | | | | | | | | | | | | | | | | | |
| If Medical Treatment Sought: | | | | | First Aid | | | Medical | | | | | | Hospital | | | | | Other |

**Form MUST be handed to Government House within 24 hours**