ACTIVITY: SUPPLIER SAFETY CHECK-LIST FORM | COMPLETED BY ACTIVITY MANAGER	
Supplier name:	
Activity name:	
Country:	
Date:	
Completed by:	

General information:	
- Type of accommodation: Adventure / Cultural / Wildlife / Comunity / Other: _____	
- Maximum group size per activity:	
- Duration:	

1. Original documents				
Component to inspect		**Yes**	**No**	**N/A**
1.1.	Valid business operating license or permit? (please provide a copy)			
1.2.	Any other licenses? (Country specific)			

2. Standard Operating Procedures (SOP)				
Component to inspect		**Yes**	**No**	**N/A**
2.1.	An SOP is in place and is actively used?			
The SOP addresses or refers to the following plans/strategies that are active and in use:				
2.2.	Risk Assessment			
2.3.	Safety Procedures			
2.4.	Incident Management Plan			

3. Pre-activity				
Component to inspect		**Yes**	**No**	**N/A**
3.1.	Overarching safety management system/policy/procedures are in place			
3.2.	An activity plan including risk assessment and role clarification			
3.3.	Previous site visits take place to ensure suitability and weather conditions			
3.4.	Pre-event inspection to ensure all equipment required for the activity, including emergencies, is fit for purpose			
3.5.	A register of attendees is kept and left with someone who knows where you are going, and what time you will be back (if applicable)			
3.6.	A staff briefing agenda that includes operational factors and reminders about the activity's significant hazards, including hazard updates, and how they will be managed			
3.7.	Reminders to complete pre-activity paperwork e.g., intentions forms, client medical and contact information, waiver forms			

4. Guide and Leadership				
Component to inspect		**Yes**	**No**	**N/A**
4.1.	Leaders/Guides/Facilitators are adequately trained and assessed to ensure they have the right competencies for the care and management of each client group throughout the adventure activity, including the handling of emergency situations.			
4.2.	The SOP has a section on Leadership which includes: ● When there is more than one guide, clearly defined roles and responsibilities should be delegated as defined in the SOP. ● Any changes in the leadership structure are documented and understood by the whole leadership team.			
4.3.	There is always a member of staff qualified in first aid who is available to assist every client group should this be required.			
4.4.	Drivers have valid Professional Driver Permit (PrDP) as required by law where transporting participants on public roads.			

5. Participants				
Component to inspect		**Yes**	**No**	**N/A**
5.1.	Every participant is suitably screened to ensure they have the greatest chance of enjoying and completing the activity. This screening can include the use of pre-arrival questionnaires and checklists, as well as an in-person review and discussions before the activity.			
5.2.	Participants are briefed pre-activity and informed about what the activity involves, including specific risks, skills, strength, fitness, or physical exertion required.			
5.3.	Any medical conditions, including pregnancy, that may create a risk or danger to either the client or the operator are declared before the activity so that the correct decision regarding the client's participation can be made in terms of the SOP.			

6. During the activity				
Component to inspect		**Yes**	**No**	**N/A**
6.1.	Activity to be undertaken strictly according to the businesses SOP.			
6.2.	Emergency procedures to take place as per the SOP, and Incident Management Plan to be applied for the correct handling of such situations.			
6.3.	Communication systems and methods in place to allow communication with the Ops centre/base/management at all times during the activity.			

7. Post activity				
Component to inspect		**Yes**	**No**	**N/A**
7.1.	'Activity Complete' procedure e.g., letting the person responsible know that you have finished.			
7.2.	Reviewing the event with recommendations for next time, including new hazards or changes.			
7.3.	All incidents and near misses to be reported.			
7.4.	Return and ongoing care of equipment and vehicles.			
7.5.	Debrief of client and customer feedback.			

8. Insurance and Compliance				
Component to inspect		**Yes**	**No**	**N/A**
8.1.	Third party / public liability insurance?			
8.2.	Other specific policies? (Country specific)			

Full name of the inspector (activity manager/person in charge):	Date and signature/stamp: