



# Queensland Country Credit Union Riverway Night Markets

## RISK ASSESSMENT FORM 2008

**IMPORTANT:** this form is to be completed by all individuals, organisations or groups that wish to participate at the Queensland Country Credit Union Riverway Night Markets 2008, who do not have their own Public Liability Insurance.

### YOUR DETAILS

Organisation: (if applicable).....  
 Contact Name:.....  
 Mailing Address:.....  
 Phone: (w).....(h).....(mob) .....  
 Fax:..... Email: .....

### YOUR INVOLVEMENT DETAILS

1. Please describe your activity (ie dance, fire twirling, band, display, food vendor)  
 .....  
 .....

2. What electrical equipment will you be using  
 .....  
 .....

3. Has this equipment been Tagged and Tested by a qualified Electrician YES NO

4. Has your activity and element of risk involved YES NO  
 If Yes, please describe

.....  
 .....

5. Have you ever had a Public Liability Insurance Claim lodged against YES NO  
If Yes please give details

.....  
.....  
.....

6. What measures have you taken to minimise risk to the public and yourself? (ie No sharp objects, securing equipment etc)

.....  
.....  
.....

I hereby state that the above information is true and correct to the best of my knowledge and that I will be willing to provide a copy of the afore mentioned insurance policy upon request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to:**

The Community Events Officer  
Townsville City Council  
PO Box 1268  
Townsville QLD 4810  
Ph: 4727 9585  
Fax: 4727 9057  
Email: [kate.hutton@townsville.qld.gov.au](mailto:kate.hutton@townsville.qld.gov.au)