



NGV VOLUNTARY GUIDES GALLERY VISITS YOU: OFF SITE SAFETY ASSESSMENT FORM 2018

Thank you for requesting that the National Gallery of Victoria Outreach Program, Gallery Visits You, be delivered to your organisation. Prior to delivery of the Program, the NGV seeks to ensure that its volunteers will be operating in a safe work environment, to ensure that its obligations as an employer are met. This form must be completed at least one week before the program is planned to run; and should be completed by the staff member in your organisation responsible for coordinating the Gallery Visits You Program at your site.

We appreciate your assistance in providing this information. Please complete the form and return by mail or email to:

Voluntary Guides Program Administration
NGV Education
PO Box 7259
Melbourne
VIC 3004

tour.bookings@ngv.vic.gov.au

ORGANISATION DETAILS

Name of Organisation:

Address of Organisation:

Location for delivery of the Gallery Visits You Program:

COORDINATOR DETAILS

Name:

Title:

Telephone:

Email:

PERSON RESPONSIBLE FOR OH&S

Name:

Title:

Telephone:



Email:

INFORMATION ABOUT YOUR ORGANISATION'S OH&S

Does your Organisation have an Occupational Health & Safety Strategy in place?

YES NO

Does your Organisation have a written Occupational Health & Safety Policy?

YES NO

Does your Organisation use safe work procedures including assessments to minimise risk?
(eg: risk assessments, job safety analysis)

YES NO

Does your Organisation have instructions for local emergency procedures
(eg: evacuation, first aid)

YES NO

Will an on-site induction be provided to NGV volunteers at the site where the Gallery Visits You Program will be delivered?

YES NO

Is the Gallery Visits You Program being delivered during your Organisation's normal business hours?

YES NO

Will there be a person in authority available during the Gallery Visits you Program?

YES NO

If your Organisation does not have an Occupational Health & Safety Strategy/Policy in place, please ensure the following occurs for the Gallery Visits You Program:

-Identify possible risks associated with the work; and ways these risks can be minimised.

-Provide adequate supervision to ensure a safe work environment and safe work systems

INFORMATION ABOUT THE WORK SITE

Please briefly describe:

The work site (area) where the Gallery Visits You Program will be delivered.

The expected audience for the Gallery Visits You Program, including any special needs that our Guide should be aware of in the group, and what support the facility will provide to cover these.



SIGNATURE FROM YOUR ORGANISATION

Name:

Title:

Signature:

Date:

NGV USE ONLY: OFF-SITE SAFETY EVALUATION

I have assessed the information provided about the off-site work area for delivery of an Outreach Program, and determined that it is safe for this program to proceed.

Name:

(NGV Program Administrator)

Signature:

Date:

OR

I have assessed the information provided about the off-site work area for delivery of an Outreach Program, and determined that remedial action is required for program to proceed.

The following actions have been agreed with the Organisation, and will be implemented prior to the Outreach Program proceeding:

Name:

(NGV Program Administrator)

Signature:

Date:

I have noted the remedial action, and APPROVE / DO NOT APPROVE the Outreach Program proceeding:

Name:

(Head of Education)

Signature:

Date: