|  |  |
| --- | --- |
| 4-H Project or Activity: | Click here to enter text.  |
| County: | Click here to enter text. | 4-H Club: | Click here to enter text. |
| Leader Completing Plan: | Click here to enter text. | Date: | Click here to enter text. |

|  |  |
| --- | --- |
| **Project Risk Assessment** |  |
| List the risks associated with this project.*(consider potential injuries or illnesses, etc.):* | List the steps taken to mitigate the risks. *(such as training, equipment, safety rules, etc.)* |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **Emergency Response Measures** | See Clover Safe Note #13 |
| Emergency Contacts |
| 911 or local dispatch line: | 911 |
| Location of Medical Release forms and emergency contact information for all project participants: | Click here to enter text. |
| Project address and location information (so you can give directions to emergency responders): | Click here to enter text. |
| Name and location of nearest medical facility: | Click here to enter text. |
| Other Emergency Response Measures | Click here to enter text. |
| First Aid supplies and training | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Please complete an Incident Report and submit to UCCE County Office within 48 hours. | Incident Report form is available at: <http://ucanr.org/incidentreport> |