

Event Name:	Meet the Buyer 2025	Date:	Tuesday, 21 October 2025
Event Room:	Grand Ballroom	Completed by:	
Company completing work:		Position Title:	
Scope of Work: Please provide a short, detailed description of work being conducted			

IS THE SERVICE LIKELY TO INVOLVE ANY OF THE FOLLOWING ACTIVITIES?

- | | | |
|--|-----|--------------------------|
| • Rigging, including the use of any lifting equipment or using floor mounted truss | YES | <input type="radio"/> NO |
| • Working or performing at heights including the use of ladders (>2.0 metres) (PTW required) | YES | <input type="radio"/> NO |
| • Working or performing near an exposed edge (>30 cm width gap) | YES | <input type="radio"/> NO |
| • Engaging and using subcontractors | YES | <input type="radio"/> NO |
| • Naked flames, sparklers, fire displays, fire performance, indoor fireworks (excluding candles) | YES | <input type="radio"/> NO |
| • Confetti cannon, radiation machine, pressurised equipment or vessel | YES | <input type="radio"/> NO |
| • Dangerous goods, such as but not limited to pyrotechnics, fireworks, crackers, explosives, dry ice | YES | <input type="radio"/> NO |
| • Cooking demonstrations, food handling, food preparation or cooking appliances | YES | <input type="radio"/> NO |
| • Hazardous chemicals/substances/gas canisters (MSDS submission required prior) | YES | <input type="radio"/> NO |
| • Extreme sports, stunts, acrobatics, stilt walkers, amusement rides, or similar | YES | <input type="radio"/> NO |
| • Bump-in and bump-out of sets, scenery, lighting rigs, PA systems, draping | YES | <input type="radio"/> NO |
| • Bump-in and bump-out of exhibition booths or registration desks | YES | <input type="radio"/> NO |
| • Excessive or prolonged manual handling, awkward postures | YES | <input type="radio"/> NO |
| • Erection of staging and/or ramp or riser (dimensions required) | YES | <input type="radio"/> NO |
| • Vehicle displays | YES | <input type="radio"/> NO |
| • Electrical installations or services (all equipment must be tag and tested) | YES | <input type="radio"/> NO |
| • Exposure to biological hazards or the use of sharps | YES | <input type="radio"/> NO |
| • Exposure to excessive noise including setup, sound check and post event | YES | <input type="radio"/> NO |
| • Forklift or pallet jack operation | YES | <input type="radio"/> NO |
| • Elevated work platform operation, scissor lift, vertical lift, boom lift | YES | <input type="radio"/> NO |
| • Use of hand-held power tools (exclude cordless drills) | YES | <input type="radio"/> NO |
| • Working or performing with lasers that are class 1 or class 2 | YES | <input type="radio"/> NO |
| • Working or performing with live animals (prohibited within function rooms and back of house areas) | YES | <input type="radio"/> NO |
| • Working or performing with weapons, fire arms, ammunition | YES | <input type="radio"/> NO |
| • Engaging or hiring personnel who do not understand English | YES | <input type="radio"/> NO |
| • Work involving other significant hazards to the public/staff/contractors | YES | <input type="radio"/> NO |
| • Work involving minor (under 18 years of age) | YES | <input type="radio"/> NO |

Note: If 'YES' was ticked in any of the above, then the service shall be classified as a **HIGH RISK** service. All **HIGH RISK** services require a Safe Work Method Statement to be submitted to the relevant Event Manager two (2) weeks prior to the proposed service date. All Safe Work Method Statements are reviewed to ensure the risk control measures meet Crown's minimum safety requirements. Otherwise, the service shall be classified as a **LOW RISK** service. Contract Controllers can choose to contact the HSW Department to assist with classifying any proposed services.

Will you be using a sparkular machine, smoke machine, hazer, fog machine or similar?

Please note: A SDS is required and a SWMS may be required if deemed necessary

YES ☐ NO

Will you be using dry ice for smoke effects?

YES ☐ NO

Signature of Contractor

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	Approved By:	H&S Manager	Page 1 of 1