

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