



**DE LA SALLE-COLLEGE OF SAINT BENILDE
SAFETY, HEALTH AND RISK COMMITTEE (SHaRC)**

Control No: _____

Safe Activity Proposal Form

Please send to Safety Health and Risk Committee through markhenry.lapuebla@benilde.edu.ph
10 working days prior to date of venue preparation

Proposed By:		Date Filed:	
Office:			
Activity Name:			
Activity Date(s) and Time:		Venue:	

Objectives / Description of Activity

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Preparation Phase

Preparation Dates:		
Personnel involved: Pls. indicate point person		

Preparation Safety / Minimum Health Standards Guidelines to be followed		

During the Activity		
Point Person(s):		
Persons / People who are part of this activity Note: As per gov't guidelines only 50% capacity is allowed in open spaces. Only 10% capacity is allowed in enclosed spaces. Venue Capacity:_____		
Procedure of Activity (indicate steps, procedures, stations, layouts etc.)		
Safety / Minimum Health Standards Guidelines to be followed You may refer to school guidelines / protocols / memos		

Person in charge of safety protocol enforcement:	

PROJECT RISK ASSESSMENT				
What is the possible health and safety risks of the activity?				
What can be the cause of the risk?				
What is the consequence of the risk?				
What is the existing control/protocol?				
What is the probability of the risk to happen?				
Almost Certain	Likely	Possible	Unlikely	Rare
What can be done to minimize the risks?				

Prepared by:

Signature over printed name / Date