



Low Ropes-Elements Activity Log

CAMP: _____

Team/Cabin/Tent Group(s) Name:	
Number of Campers:	

Start Time	End Time	Day/Date	Year/Session

Lead Instructor's Name:	
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List of Other Camp Staff	

Other Instructor's Names:	

Participants Names: (+ in addition to Group)

Description of Challenge

Participants Names: (- not with Group)

Comments on Program / Issues / Near Misses / Debriefing Results
Use back of page if more space needed

Trips Leader's Signature:	
Course Closed <input type="checkbox"/>	Equipment Stored <input type="checkbox"/>

Safety Check List:	✓
Safety Briefing Completed	<input type="checkbox"/>
Weather Forecast OK	<input type="checkbox"/>
Course & Overhead Branches Inspected	<input type="checkbox"/>
Equipment & Ropes Inspected	<input type="checkbox"/>
Helmets Inspected and Fit Test OK	<input type="checkbox"/>
All Participants taught SPLAF	<input type="checkbox"/>
All Participants Challenge By Choice OK	<input type="checkbox"/>
Clothing/Jewellery/Sharp Objects Check	<input type="checkbox"/>
Hydration/Sun Screen/Hat Check	<input type="checkbox"/>
Emerg. Cell or Radio Comms Check	<input type="checkbox"/>
Fist Aid Kit OK	<input type="checkbox"/>

SAFETY BIEFING
1. ID Course Instructor-Leader & Other Staff
2. Course Rules
3. Description of Challenge & Outcomes Goal
4. Anticipated Challenge Level
5. Start Time & Duration - ETA Back at Camp
6. Sequence of Challenge Tasks
7. Key Information Participants Need to Know
8. Emergency Plan - Hazards & Risks
9. Required Personal Kit & Required Team Kit
10. Meals & Hydration
11. Q & A