

Appendix D

OFF-CAMPUS SAFETY MANAGEMENT: DEBRIEF

This tool may assist with a debrief for the off-campus activity

Name of Off-Campus Activity		Date	1 1	
Debrief Attendees				
Name of Activity Supervisor		Conta Numb		
Record suggesti	ions for improvement if this activity and attach ctivity documents.	to the Risk Assessment or	Safety Management Plan or file	
	Issue raised	Recommendations for improvement		

Issue raised	Recommendations for improvement		

HSW Handbook	Off- Campus activities - FAQ	Effective Date:	5 March 2020	Version 2.2.	
Authorised by	Director, HSW	Review Date:	11 September 2021	Page 1 of 1	
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