

OutdoorsMark Operators Declaration

For each question, indicate whether it applies to the adventure activities you provide.

Requirement		No	Yes	Check box if attachment included
1	Have there been changes in the ownership of the adventure activity operator? If so, attach the details of the ownership changes and their effects on the continued effectiveness of the safety management system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Have there been any significant changes to the adventure activities, including sites, key staff, plant and equipment, in the past 12 months? If so, attach a description of changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have there been any significant changes to the safety management system in the past 12 months? If so, attach a summary of the changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have staffing levels and competence been consistently met in accordance with the safety management system? If not, attach a summary of variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Has a technical expert provided advice on an adventure activity in the past 12 months? If so, attach a summary of the advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Has a review of relevant activity safety guidelines and the SupportAdventure website been done?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
7	Have the continual improvement requirements of the Safety Audit Standard been met in the last 12 months? Attach the internal review record, including a summary of findings and actions taken to resolve any nonconformities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the incident register been maintained and actions taken to prevent reoccurrence of an incident? Attach a summary of the incident register. <i>Note: Providing this information is not a substitute for other statutory or regulatory reporting requirements.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have there been, or is there likely to be, compliance matters relevant to the past 12-month performance or future effectiveness of the safety management system? Attach details of compliance matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The person making this declaration is the operator, or has the delegated authority to do so on behalf of the operator.

Complete shaded fields -

By checking the box, I declare that the above information and the attachments are accurate:

Full Name:

Designation:

Organisation:

Date: