

SAFE ACTIVITY ASSURANCE FORM

BAMS BID No

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When	Date From:	To:
	Time From:	To:
Where¹		
Who	Unit:	
	Activity Owner:	
	Senior Planning Officer:	
	Planning Officer:	
	Conducting Officer:	
What – Activity²		
What - Equipment	OME	
	Weapons	
	Platforms ³	
	Lasers ⁴	

Unit Contact Details

Name or Appointment	
Email	
Phone Number	

SPO / RP Declaration – By signing this form, I confirm all activity will be planned, conducted and supervised in accordance with the SST. SO's are conversant with the medical emergency procedures. Where there is a deviation from the SST, a Waiver is attached.

Digital Signature

¹ Ensure a sketch map is attached (and an RDA trace if applicable has been submitted) prior to uploading to BAMS

² E.g. Platoon, LFTT / LFX8/ LFMT ACMT / BCS

³ Platform type, such as CR2, AH64, SUAS etc and quantity

⁴ Including hazard classification