

OPERATION SAFE VENTURE CREW AWARD

Report of Achievement for Past Year, January through December.

CREW MUST ACHIEVE SIX OF TEN TO QUALIFY AS A SAFE SCOUTING CREW.
(* ITEMS ARE REQUIRED, PLUS 2 ADDITIONAL TO EQUAL SIX TOTAL)

CREW # _____ DISTRICT _____

CREW HEALTH & SAFETY CHAIRMAN NAME _____

YES NO

- _____ _____ *1. An annual unit meeting place inspection has been conducted.
- _____ _____ *2. All youth and adult members have completed a Health History Class I or Class 2 or 3 Medical Examination Form as appropriate. Leaders working with youth are aware of the physical capabilities and health restrictions of members.
- _____ _____ *3. Crew implements the BSA Tour Permit Application process.
- _____ _____ *4. Our Crew Health & Safety Chairman is Risk Zone Trained.
- _____ _____ 5. Our Crew has developed an emergency crisis plan for camping trips and activities.
- _____ _____ 6. Our Crew has developed a Certified First-Aider and maintains a complete first aid kit for Crew activities.
- _____ _____ 7. All adult volunteers are BSA Youth Protection Trained.
- _____ _____ 8. Seventy percent or more of our Venturers will have earned the Operation Safe Venturing Youth Recognition. _____ Number of Venturers
- _____ _____ 9. Crew has an adult leader certified in Safe Swim Defense or is BSA lifeguard trained.
- _____ _____ 10. Our Crew conducts annual showing Venturing Youth Protection video to new Venturers and families.

Our Crew has achieved the Operation Safe Venture Crew Award for the year 20_____.

_____ Date _____ Crew Health & Safety Chairman _____ Advisor

Recognition: Pennant Streamer for Flagpole