

ABN: 14 009 656 222

Cnr. Severin St & Mulgrave Road PARRAMATTA PARK QLD 4870  
PO Box 811 BUNGALOW QLD 4870

P: 07 4042 6699

F: 4031 3671

[reception@cairns-show.com](mailto:reception@cairns-show.com)

[www.cairnsshow.com.au](http://www.cairnsshow.com.au)

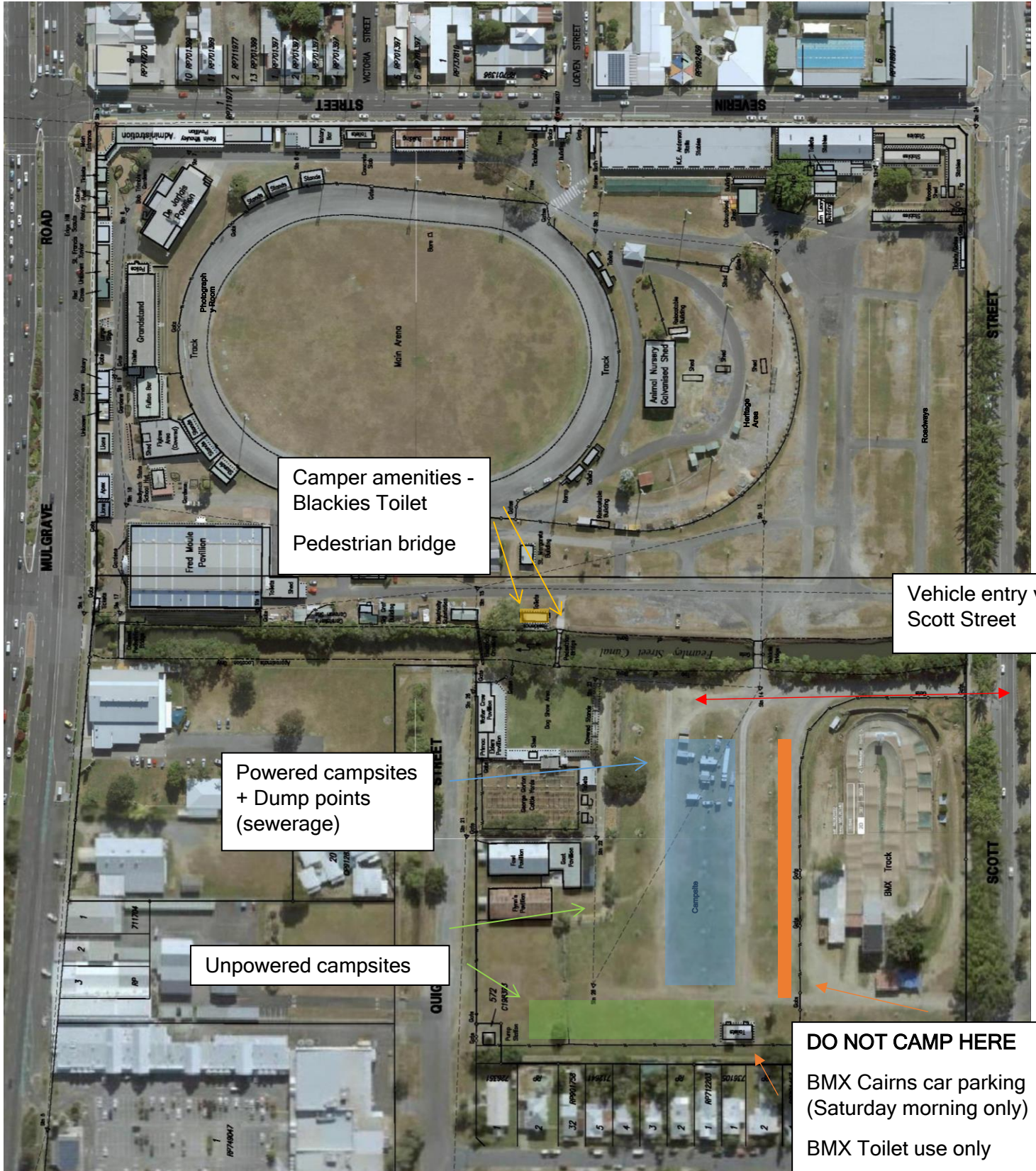
## CAIRNS SHOWGROUNDS - CAMPING POLICY AND GUIDELINES

1. Access times are Midday to Midday the next day or part thereof.
2. Camping permit must visible on the dashboard whilst on the campsite.
3. The site fee includes 1 power lead per site. Additional power lead(s) on the same site will incur an additional site fee charge.
4. Campers must abide by the camping booking terms and conditions (see below) whilst on the Cairns Showgrounds including all Qld Chief Health Public Health Directions and EPA regulations.
5. The Cairns Show Association and their staff reserves the right to remove campers for any breeches of the camping terms and conditions.
6. Campers enter grounds at own risk and releases CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOC. from any liability for any occurrence that may affect the campers during their occupancy of the grounds. Occupants agree to indemnify the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOC. its servants and agents, and to keep them indemnified, against all actions, claims, demands, loss, damage, injury, costs and expenses arising from, or in any way connected with, negligence or breach of these camp area rules by occupants.
7. Cairns Showgrounds Grounds Team Contact: Anthony / Chris (Caretaker) on 0419 792 200.

### Terms and Conditions (from booking form)

1. Camping is only permitted for members of the Showman's Guild and campers associated with an Event held at the Cairns Showgrounds. Proof of attendance for showground event or member of Showman's Guild will be required.
2. Animals are to be kept on leads **AT ALL TIMES**. Any dogs not on leads will be removed from the grounds at the expense of the person named above. All animal waste must be collected and disposed of appropriately.
3. The Cairns show Association accepts no responsibility for damaged or stolen property.
4. All hire fees must be paid prior to commencement of accommodation period.
5. For compliance all camping booking forms will be passed on to the Cairns Regional Council Regulatory Compliance Department – Attention Environment Officer / Regulator.
6. Campers must not contaminate waterways, roadside gutters, stormwater drainage as per the Environmental Protection Regulation 2019. Please refer to the attached Schedule 10 – Prescribed Water Contaminants. Laundry wastewater may be discharged to ground provided the lines are appropriated covered with a filter socks that that measures 50-100 microns. These socks must be securely attached to ensure no seepage. Feet socks and stockings are not appropriate methods.
7. The Cairns Show Association is operating and complying with all the Qld Chief Health Officer public health directions and campers agree to comply will all health regulations to assist in containing, or to respond to the spread of COVID-19 within the community.
8. All campers agree to leave their camp site in a clean and tidy manner.

# CAIRNS SHOWGROUNDS - CAMPING GROUNDS MAP



Camper amenities -  
Blackies Toilet  
Pedestrian bridge

Vehicle entry via  
Scott Street

Powered campsites  
+ Dump points  
(sewerage)

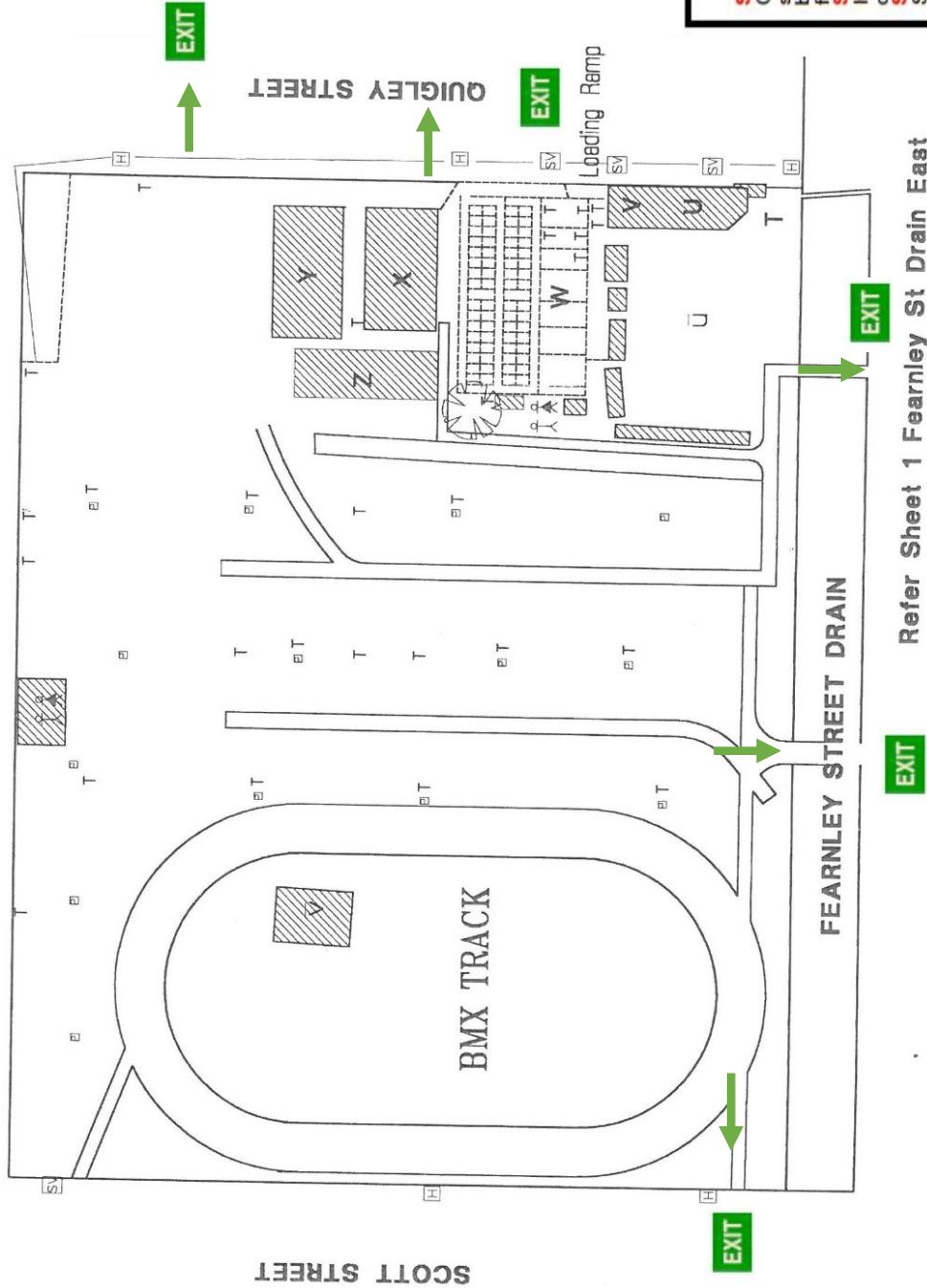
Unpowered campsites

**DO NOT CAMP HERE**  
BMX Cairns car parking  
(Saturday morning only)  
BMX Toilet use only

# CAIRNS SHOWGROUNDS – EVACUATION PLAN

## EVACUATION SIGN and DIAGRAM

### CAIRNS SHOWGROUNDS CAMP SITE



Refer Sheet 1 Fearnley St Drain East

**IN CASE OF FIRE**  
**REMOVE PEOPLE** from immediate danger  
**ALERT THE FIRE SERVICE** • call 000  
**CONFINE FIRE & SMOKE** close doors and windows if safe to do  
**EVACUATE** to the ASSEMBLY AREA

	INTERNAL HYDRANT
	EXIT
	FIRE HOSE REEL
	MANUAL CALL
	EXTINGUISHER
	FIRE BLANKET
	ASSEMBLY AREA
	PATH OF EXIT
	MAIN PATH
	ALTERNATE PATH
	SWITCH BOARD
	FIRST AID

**EMERGENCY**  
 In an emergency dial 000

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

**EVACUATION PROCEDURES**

**STAGE 1:- Removal of people from the immediate Danger Area**  
 Occupants and staff in the immediate danger area are to assemble a safe distance away from the fire and smoke. When the area has been evacuated all doors and windows should be closed to contain fire.

**STAGE 2:- Removal to a Safe Area**  
 If the severity of the smoke or fire warrants further evacuation, occupants should be moved through fire/smoke doors to a safe area.

**STAGE 3:- Complete Evacuation of Entire Complex**  
 Should the emergency necessitate evacuation of the whole building, the Manager or the Fire Service will direct occupants from the safe place to the **ASSEMBLY AREA**.

**STAGE 4:- Roll Call.**  
 To be conducted as soon as possible and to ensure all Persons are accounted for. Report all missing persons to **FIRE OFFICERS**.

**CAIRNS SHOW ASSOCIATION  
INCIDENT / ACCIDENT REPORT FORM**

Name of injured person: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Male  Female

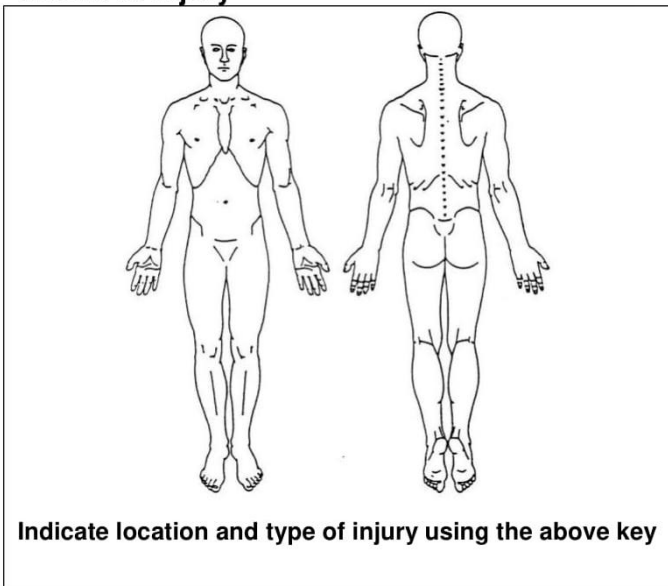
Doctor's Details: \_\_\_\_\_

Where did the accident occur (Venue)? \_\_\_\_\_

Exact place: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Date: \_\_\_\_\_

**Nature of Injury**



**Part of body injured:**

- |              |                          |               |                          |
|--------------|--------------------------|---------------|--------------------------|
| Eye          | <input type="checkbox"/> | Back          | <input type="checkbox"/> |
| Ear          | <input type="checkbox"/> | Torso – other | <input type="checkbox"/> |
| Face         | <input type="checkbox"/> | HIB           | <input type="checkbox"/> |
| Head – other | <input type="checkbox"/> | Groin         | <input type="checkbox"/> |
| Neck         | <input type="checkbox"/> | Knee          | <input type="checkbox"/> |
| Shoulder     | <input type="checkbox"/> | Ankle         | <input type="checkbox"/> |
| Elbow        | <input type="checkbox"/> | Foot          | <input type="checkbox"/> |
| Wrist        | <input type="checkbox"/> | Toe           | <input type="checkbox"/> |
| Hand         | <input type="checkbox"/> | Leg – other   | <input type="checkbox"/> |
| Finger       | <input type="checkbox"/> | Internal      | <input type="checkbox"/> |
| Arm – other  | <input type="checkbox"/> | Skin          | <input type="checkbox"/> |
| Chest        | <input type="checkbox"/> | Respiratory   | <input type="checkbox"/> |
|              |                          | Multiple      | <input type="checkbox"/> |

**Description of reason for personal damage:**

- |                     |               |                    |
|---------------------|---------------|--------------------|
| 01 Strain/sprain    | 05 Fracture   | 11 Allergy         |
| 02 Bruise/crush     | 06 Burn/scold | 13 Superficial     |
| 03 Laceration / cut | 08 Bite/sting | 14 Multiple        |
| 04 Dislocation      | 09 Poisoning  | 15 Alcohol related |
|                     | 10 Concussion | 16 Food related    |

Action (first aid given): \_\_\_\_\_

Further action taken (if any):  Nil  Doctor

Ambulance  Hospital

Accident Witness (1) name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accident Witness (2) name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reporting Person's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Further comments (if necessary) Cairns Show Association only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Manager's Signature**

Subsequent Action:

Workers' compensation form completed

Insurance claim form completed