

EVENT NOTIFICATION FORM



Section 1 - EVENT OVERVIEW

Name of the event:															
Event Type (e.g. sponsored walk, fun day):															
Event location															
Event date															
Event opening times:	From ____:____ to ____:____														
Date and time of arrival on site:															
Date and time of departure from site:															
Anticipated number of people attending per day															
	<table border="1"><tr><td><50</td><td></td></tr><tr><td>50 – 99</td><td></td></tr><tr><td>100 – 199</td><td></td></tr><tr><td>200 -499</td><td></td></tr><tr><td>500 – 999</td><td></td></tr><tr><td>1000 – 2000</td><td></td></tr><tr><td>>2000</td><td></td></tr></table>	<50		50 – 99		100 – 199		200 -499		500 – 999		1000 – 2000		>2000	
<50															
50 – 99															
100 – 199															
200 -499															
500 – 999															
1000 – 2000															
>2000															
If more than 2000, please state number anticipated each day: _____															
Maximum number of people expected on site at any one time: _____															

If any section is not relevant to your event, please write N/A and go to the next section

Section 2 - ORGANISER DETAILS		
Name of organisation		
Event Organiser/s Name		
Contact address	Postcode	
Tel. No.	(day)	(evening)
Mobile No.		
Email address		
Contact Tel No. on day of event:		
Please give details of any previous experience the organiser has in running such an event:		
Section 3 – EVENT DETAILS		
Please provide a description of event:		
Will your event involve any display of Fireworks? (please circle)		YES
		NO
Will any of the following take place at the event?	Type:	Please tick
	Sale of alcohol	
	Live/recorded music	
	Dancing	
	Exhibitions of films	
	Indoor sporting events	
	Sale of Hot Food and Drink after 11pm and before 5am	
	Inflatables (e.g. bouncy castles)	
	Fairground rides/Children's rides	

Please provide details of the entertainment to be held/what is to be sold:

Section 4 - CATERING

If hot/cold food or drink is to be supplied as part of your event, please give details:

Times that hot food will be available: from _____:_____ to _____:_____

Are all food/drink traders registered with their home (local) authority under the requirements of the food hygiene regulations? Please provide details of local authorities. Please also supply the Food Hygiene Rating Score for each trader.

Will food traders have access to a potable water supply (clean, uncontaminated and suitable for drinking) to facilitate hand washing, washing of equipment and food preparation?

Please provide a list of all traders with contact details including forwarding addresses with this notification form.

Will any of the food be on sale during the event?	YES	NO
--	-----	----

Section 5 - PUBLIC LIABILITY INSURANCE (essential for events requiring road closures or those requiring the hire of Council land. Strongly recommended for all events.)

Name of insurance company	
Policy number	
Amount of cover	£

Please provide a copy of the Public Liability Insurance certificate with this notification.

Section 6 – STEWARDS

Number of stewards	Pit area (if stage)	
	Entrance or exit	
	Vehicle parking	
	Patrols	
	Other	
	Total	

Name and address of security company (if applicable)	
--	--

Contact name and telephone number			
How will any emergencies be communicated to stewards?			
Is there a stewarding plan outlining training, identification, siting, numbers and communication? If so, please provide a copy with this notification.			
Section 7 - COMMUNICATIONS			
Will radios be used?	YES	NO	
If no, how will contact be maintained between organiser(s) and the stewards?			
Is there a Public Announcement System?	YES	NO	
If yes, is it capable of being silenced in an emergency?	YES	NO	
Section 8 – TEMPORARY STRUCTURES e.g. Stage, dance platforms or marquees			
Will temporary structures be erected?	YES	NO	
If yes, please provide details of the type, size and number, and attach detailed structural drawings from the Supply/Building Company where appropriate:			
Section 9 – WELFARE FACILITIES			
Sanitary conveniences - please record the number of each to be provided:			
Male	No. WCs	No. Urinals	Number of Wash Hand basins
Female	No. WCs		Number of Wash Hand basins
Disabled	No. WCs		Number of Wash Hand basins
Will drinking water be provided?	YES	NO	
Will drinking water be provided via bottled water/mains water/private water supply?			
Section 10 – ELECTRICAL SYSTEMS			
The electrical system for the event must be installed by a competent person. Provide details below of the person installing the system:			

Section 11 – SPECIAL EFFECTS – Will any of the following be used during the event?

Please circle: Lasers/Strobe lighting/Ultraviolet light/Pyrotechnics/Smoke/Fog Machines
 Other (please state):

Section 12 – FIRST AID – provide details of the arrangements for the following:

First Aiders	
First Aid Post	
Ambulances	
Paramedics	
Name of Organisation providing these facilities	

Section 13 – FIRE SAFETY

Have you prepared a fire risk assessment for the event?	YES	NO
---	-----	----

Section 14 – HIGHWAYS

Is the event held on public highway?	YES	NO
--------------------------------------	-----	----

Name streets involved:

Will the highway need to be temporarily closed?	YES	NO
---	-----	----

Will the footway need to be temporarily closed?	YES	NO
---	-----	----

Is the event held on Council owned land?	YES	NO
--	-----	----

Will your event have an impact on the normal flow of traffic?	YES	NO
---	-----	----

Please give details of any car parking arrangements and the estimated number of vehicles attending the event each day:

If your event will have an impact on traffic flow please provide a traffic management plan (diagram/map) indicating position of traffic signs, barriers, marshals, etc

Section 15 – EMERGENCY PLANNING

	YES	NO
Has an emergency plan of action been established?		
Does your emergency plan include arrangements for:		
Identification of key decision making personnel		
Stopping the event		
Identification of emergency routes		
Holding areas: performers/audience		
Coded 'stand down' and 'alert' messages		
Script of public address announcements		
Rendezvous points for emergency services		
Ambulance loading points and triage area		
Secure traffic routes to hospitals?		

PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT TO THIS NOTIFICATION
 Please continue on a separate sheet if necessary.

SUPPORTING DOCUMENTATION

Please ensure that you have included all **relevant** documents as part of this notification.

If not attached with this notification, they must be sent to the Safety Advisory Group (SAG) at least six weeks before the event in order for the group to consider the event fully.

Documents	Tick if attached	Date documents will be available if not attached
Risk Assessments		
Map/Plan of site		
Emergency Plan		
Other documents may include :		
List of food/drink traders and contact details		
Traffic management plan (if applicable)		
Route (run/walk/cycle/parade) (if applicable)		
Technical drawings of temporary structures (if applicable)		
Event Insurance (mandatory for some venues)		
Public/Employer Liability Insurance		

Please return (if possible by e mail) to:

Safety Advisory Group

Richmond District Council

Mercury House

Station Road

Richmond

DL10 4JX

Tel No: (01748) 829100

Email: safetyadvisorygroup@richmondshire.gov.uk