

	District Council of Peterborough EVENT MANAGEMENT PLAN	Version No.	1.0
		Issued	Sept 2022
		Review Date	

This Event Management Plan is held in conjunction with a venue / facility Permit, and is required due to the type/nature of the Event requested

Please complete applicable sections as per location of event

1. PERMIT HOLDER DETAILS

Organisation:

Address:

Contact Person:

Position: **Telephone:**

Email:

2. PURPOSE OF HIRE

Description:

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Date/s: From To

Times: Startam/pm Finisham/pm

Site Preparation: Date Time

Site Vacated: Date Time

3. EMERGENCY SERVICES

Have the Emergency Services been notified of the event details and consulted as to their recommendations / requirements?

YES / NO

Yes / No **Police** Date of Notification

Yes / No **Fire Authority** Date of Notification

Yes / No **Ambulance Service** Date of Notification

Yes / No **Local Hospital** Date of Notification

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4. FIRST AID FACILITIES

Will first aid services be available at this event? **YES / NO**

If NO, please give details as to why first aid is not required at this event:

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If YES, who will be providing this service:

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5. SECURITY

Will there be qualified security personnel in attendance at this event? **YES / NO**

If NO, please give details as to why security is not required at this event:

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If YES, who will be providing this service:

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6. TOILETS & ABLUTION FACILITIES

Are toilets provided for attendees? **YES / NO**

Is there a plan to clean and maintain these facilities? **YES / NO**

7. WASTE MANAGEMENT

Will this event require assistance with waste management? **YES / NO**

If YES, please provide details (Council may be able to assist):

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8. ANIMALS

Does the event involve the use of animals? **YES / NO**

If YES, what arrangements will be necessary for their management, care and wellbeing?

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9. AMUSEMENT STRUCTURES

Will there be any amusement structures operating at this event? **YES / NO**

If YES, please detail:

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10. FIREWORKS (Soldiers Memorial Oval)

Will there be any fireworks or pyrotechnics at this event? **YES / NO**

If YES, please provide details:

Name of company managing/undertaking fireworks:

Permit Number:

Technician's Name: Mobile Number:

Copy of technician's current pyrotechnics licenses and SafeWork
SA application/permit to be supplied.

Attached: Yes / No

Detail how public exclusion zones will be managed:

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Ref: Explosives Act SA 1936

11. SIGNAGE

Will this event require temporary signage? **YES / NO**

What signage (including those required under the provision of the Liquor Licensing Act),
will need to be used:

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Will any signage be larger than 2m²? **YES / NO**

If YES, approval is required from Council – has this been obtained? **YES / NO**

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12. DON FERGUSON DRIVE & GENERAL ROAD CLOSURES

Will Don Ferguson Drive need to be closed to traffic during this event? **YES / NO**

Will a town street need to be closed to traffic during this event? **YES / NO**

If YES, please outline where this closure needs to occur:

Don Ferguson Drive:

Location: Start: Finish:

Times: Start:am/pm Finish:am/pm

Where possible, the centre of Don Ferguson Drive should be kept free of structures, to allow access for Emergency Vehicles.

Town Streets:

Name of Street:

Location: Start: Finish:

Times: Start:am/pm Finish:am/pm

13. LAYOUT OF EVENT – SOLDIERS MEMORIAL OVAL

Using the attached map, please outline the proposed event's layout. The Soldiers Memorial Oval is outlined in Red, and the separate Football Club rooms and facilities are outlined in Yellow.

14. SOLDIERS MEMORIAL OVAL

Details of the event – Please describe here the event's requirements, ie vehicles on the oval, structures requiring stakes/pegs in the ground, etc:

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Heavy vehicles are not allowed on the oval, unless approved otherwise.

Parking:

Traffic Control:

Note – if the Football Club rooms and facilities are required – please contact them direct (these are not owned by the Council).

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15. VACATING THE SITE (If applicable)

Arrangements for site clean-up:

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16. ADDITIONAL INFORMATION

Please provide any additional relevant information:

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17. CONDITIONS

Please note that all conditions on the Permit Application remain applicable and relevant to this Event Management Plan.

In completing this Event Management Plan, the Permit Holder agrees to be bound by the conditions of the Permit and declares that the particulars provided by the Permit Holder with regard to the proposed hire period are true and correct. The person signing warrants he/she has authority to bind the Permit Holder for that purpose.

Additionally, if there are Special Conditions imposed, the Permit Holder will adhere to them.

SIGNED FOR AND ON BEHALF OF THE PERMIT HOLDER:

Signature: Date:

Name: Position:

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COUNCIL AUTHORISATION (Office Use Only):

Is Related Permit: Approved / Denied

Other Permits/Licences Required: YES / NO

If applicable, SM Oval Layout completed: YES / NO

Copy given to Permit Holder: YES / NO

SPECIAL CONDITIONS OF EVENT MANAGEMENT PLAN REQUIRED BY COUNCIL:

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Signed on behalf of Council:

Name: Position:

Date:

