**** DISTRICT COUNCIL of PETERBOROUGH ****

**Event Management Plan**

1. **EVENT ORGANISER DETAILS**

**Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EVENT DETAILS**

**Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description or type of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Event Date(s):** From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Times:** Start\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am / pmFinish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am / pm

**Venue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue / Site Preparation:** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue / Site Vacated:** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INSURANCE**

|  |  |
| --- | --- |
| Do the event organisers have public liability and professional indemnity insurance (minimum $10 million) to cover the event? | **YES / NO** |
| Please attach a copy of the certificate of currency. Attached | YES / NO |

1. **STALL HOLDERS**

|  |  |
| --- | --- |
| Are there any organisations, apart from the event organiser participating in this event? | **YES / NO** |
| **If YES, Please ensure that copies of currency of Public Liability Insurance and any other Licences are attached to this application for each participant.**  Attached | YES / NO |

1. **NOISE**

|  |  |
| --- | --- |
| Will your event include amplified music or speeches etc? | **YES / NO** |
| If YES, please provide details, including what will be amplified, volume and times. |  |

1. **ALCOHOL**

|  |  |
| --- | --- |
| Will alcohol be provided at this event? | **YES / NO** |
| If YES, has an application for a Liquor Licence been made, and on what date?  Date | YES / NO  \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has it been approved and issued?  Please provide a copy on approval to Council : Attached | YES / NO  YES / NO |

1. **FOOD**

|  |  |
| --- | --- |
| Will food be served at this event? | **YES / NO** |

List the food businesses and type of food (including alcohol and other beverages) being provided at the event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Food** | **Facilities Required / Utilised** | **Supplier / Caterer** | **Contact Details** | |
|  |  |  | Name |  |
|  |  |  | Address |  |
|  |  |  |  | |
|  |  |  | Phone |  |
|  |  |  | Name |  |
|  |  |  | Address |  |
|  |  |  |  | |
|  |  |  | Phone |  |
|  |  |  | Name |  |
|  |  |  | Address |  |
|  |  |  |  | |

Ref: Food Act SA 2001

1. **TOILET AND ABLUTION FACILITIES**

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

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

1. **WASTE MANAGEMENT**

|  |  |
| --- | --- |
| Will this event require assistance with waste management? | **YES / NO** |
| If Yes, Council may be able to assist. A request for bins must be  formally made to Council prior to the next Council meeting. |  |

1. **EMERGENCY SERVICES**

|  |  |
| --- | --- |
| Have emergency services been notified of the event details and consulted as to their recommendations / requirements? | **YES / NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | |  |
| **police** YES / NO / NA | | Date of Notification | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |  |
|  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRE AUTHORITY** YES / NO / NA | | Date of Notification | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |  |
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|  | |  | |  |
| **AMBULANCE SERVICE** YES / NO / NA | | Date of Notification | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **local hospital /**  **health service** YES / NO / NA | | Date of Notification | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |  |
|  |  | |  |  |

1. **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.  If YES, who will be providing this service? |  |

1. **SECURITY**

|  |  |
| --- | --- |
| Will there be qualified security personnel in attendance at this event? | **YES / NO / NA** |
| If NO, please give details as to why security is not required at this event.  If YES, please provide details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |
| Licence details: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Contact person at event: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Number of security personnel at event: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| Event security will commence on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | And conclude at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**13. SIGNAGE**

|  |  |
| --- | --- |
| Will your event require temporary signage? | **YES / NO** |
| What signage, including those required under the provision of the Liquor Licensing Act, will need to be developed? |  |

|  |
| --- |
| COMMENTS: |
|  |

|  |  |
| --- | --- |
| Will any signage be larger than 2m2 ? | **YES / NO** |
| If YES, approval is required from Council. Has this been obtained? | **YES / NO** |

**FOR LARGE OR OUTSIDE EVENTS**

1. **ANIMALS**

|  |  |
| --- | --- |
| Does the event involve the use of animals? | **YES / NO** |
| If YES, what arrangements will be necessary for their management, care and wellbeing? |  |

1. **AMUSEMENT STRUCTURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Will there be any amusement structures operating at this event? | | **YES / NO** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  | |
| **Note:** **NOTE:** Copy of Safe Work SA Certificate of Amusement Structure Registration for each structure and public liability insurance certificate of currency needs to be provided.  Attached | | YES / NO | |

**15. FIREWORKS**

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| --- | --- |
| 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 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Copy of technician’s current pyrotechnics licences and Safe Work 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*

**FOR ALL APPLICANTS**

**16. VACATING THE SITE**

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| --- |
| Arrangements for site clean-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Arrangements for clean-up of surrounds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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1. **RISK ASSESSMENT AND RESPONSE**

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| --- | --- |
| Has an Event Safety Checklist been prepared? | **YES / NO** |
| Have All possible risks been identified and ranked?  ***PLEASE NOTE****: A sample Risk Register and Risk Control Plan template have been provided for use* | **YES / NO** |
| Have Control Measures where possible been established for each risk? | **YES / NO** |
| Have Control Measures where possible been implemented for each risk? | **YES / NO** |

Please attach your risk assessment to this plan.

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**Example Risk Register**

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| --- | --- | --- | --- | --- | --- |
| The Risk:  What can happen and how it could happen | The Chances of an Incident Happening | | Risk Level | Adequacy of Existing Controls | Risk Priority:  (e.g. 1, 2, 3 etc) |
| Consequence | Likelihood |
|  |  |  |  |  |  |
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**Example Risk Control Plan**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk (in priority from Risk Register) | Possible Control Options | Preferred Option:  Avoid / Control /  Transfer / Retain | Risk Level after the Possible Control Options | Result of Analysis: Accept / Reject the Risk | Person Responsible for Control Option | Timetable for Implementation | How will Risk and Control options be monitored? |
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1. **GENERAL CONDITIONS**
2. The permit holder agrees to indemnify and to keep indemnified the Council, its servants and agents and each of them from and against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against them or any of them arising out of or in relation to the event.
3. The event organiser shall take out and keep current a public risk insurance policy in the name of the organisation insuring the organiser for the minimum sum of ten million dollars ($10,000,000) against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against the organiser or organisation in relation to the activity.
4. The organiser must provide confirmation of insurance to the Council. Such policy shall bear the endorsement of the Insurer indicating the Insurer accepts the indemnity given by the organiser/ organisation.
5. The organiser, where appropriate, shall ensure that it is licensed or registered to carry out the described activity.
6. The organiser shall comply with and give all notices required by any Act of Parliament, Ordinance, Regulation or By-law relating to the activity.
7. No food or drink will be offered for sale without the prior approval of Council.
8. No music system or amplified sound to be used without the prior approval of Council.
9. The organiser shall ensure that the site or sites are left in a clean and tidy condition at the end of the event.
10. The organiser must provide Council evidence of Workplace Services Registration for all Amusement Structures used to provide rides to the public for a fee. A fee includes any fee payable for entry to the Event.
11. The use of power by permit holders shall not exceed that agreed to and approved by the Council.
12. The event is liable to be revoked by Council if the organiser fails to comply with a condition of this plan.
13. **This plan will not be approved or come into operation until proof of the appropriate insurance has been provided to Council.**

**Any Additional Conditions:**

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

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**Signed for and on behalf of the event organiser:**

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_