

Event Management Plan

1. EVENT DETAILS

Name of Event:
.....

Address of Event:
.....

Details of Venue:
.....

Details of how your event will run, including details of all activities:
.....
.....
.....
.....
.....
.....
.....
.....

Estimated Number of People expected to attend:
.....

Date and Time Set Up Commences:
.....

Date and Time Event starts or is open to the public:
.....

Date and Time Event Finishes:
.....

Date and Time dismantling commences and anticipation conclusion time:
.....

MULTI-DAY EVENTS ONLY TO COMPLETE THIS SECTION

Day 1 Start: Finish:

Day 2 Start: Finish:

Day 3 Start: Finish:

Day 4 Start: Finish:

Day 5 Start: Finish:

Day 6 Start: Finish:

Event Manager Details:

Event Manager:

.....

Address:

.....

Phone (Work): Phone (Home):

Fax:

Email:

Contact During Event:

Phone: Mobile:

2. INSURANCE

Insurance Details

A copy of your Certificate of Currency is required to be included with this form.

Name of Insurer:

.....

Address:

.....

Phone: Fax:

Email:

Policy Number and Expiry Date:

.....

Public Liability Value and Asset Value:

.....

3. BUDGET

Expenditure	Cost	Variance	Total

4. THE VENUE

Potential Hazards

List the identified hazards at the selected site and the action taken to minimize the risk.

Hazards Identified for Each Activity <i>i.e., Traffic interruption/disruptions</i>	Action to Minimize Risk <i>i.e., signage, traffic control,</i>

You may need to add another page

Site Plan

Include meeting points for emergency services

Contingency Plan

Things that can go wrong:

Eg rain....

.....
.....

Contingency details:

.....
.....
.....

	YES	NO	N/A
Emergency Vehicles			
Key Stakeholders			
Disabled Patrons			
General Parking			
Overspill			

Road Closures

Do you require any roads to be closed for the event:

YES NO

If yes, contact your local government authority for details on exact procedures. The following basic information will be required.

Street in which function is to be held:

.....

Section to be closed:

.....
.....

5. TRAFFIC AND PEDESTRIAN MANAGEMENT

Traffic Management Plan

Has a Traffic Management Plan been developed for this event? YES NO

Guidance can be provided by Council with the development of this plan.

Is there car parking for:

Date of proposed closure:

.....

Time: Commencement:

.....

End:

.....

The following documentation may also be required:

- A public liability policy of to cover the event

- Traffic Management Plan

- Evidence of notification of proposed road closure to emergency services
Permit received
YES NO

Adjoining Properties

Have adjoining property occupants been contacted regarding the proposal of this event.

YES NO

How and when

.....

If the event is likely to impact in any way on these adjoining properties – e.g. noise, extra cars, road closures it is highly recommended that you contact the occupants well in advance of the event.

6. INCIDENT MANAGEMENT PLAN

Incident Control Center

Ensure the Incident Control Center is clearly marked on your Site Plan and detail where First Aid will be supplied.

Ensure exit/evacuation points and fire extinguishers are clearly marked on the site plan.

How will communication be conducted on the day of the event with event officials?

.....
.....

How will communication be conducted with the public?

.....
.....

How will communication be conducted in the event of an incident e.g. portable handheld radios / mobile phones?

.....
.....

If required, who will request further police and other emergency services assistance?

.....
.....

Incident Management Contact Details

First Aid Officer 1

Name.....

Contact details.....

First Aid Officer 2

Name.....

Contact details.....

Incident Officer

Name.....

Contact details.....

Police Name.....

Contact details.....

Emergency Medical Service

Name.....

Contact Details.....

Fire Department

Name.....

Contact details.....

Fire Fighting Equipment

Will portable fire protection equipment be strategically located throughout the venue for initial attack of the fire by the public and/or safety officers? YES NO

Mark their location on the site map. YES NO

Has a plan been submitted to the fire service? YES NO

Lost and Stolen Property / Lost Children

What arrangements have been made for lost or stolen property and lost children?

Show location on site map.

Incident Reports

All incidents are to be recorded in the following format:

Name of Event:

.....

Event Manager:

.....

Date and Time of Incident	Description of Incident	Persons involved Name, address, phone	Action taken

	Business/Vendor Name	Contact Phone during event	Type of Food	Council Permit
1				
2				
3				
4				
5				
6				
7				
8				
9				

You will need to provide evidence of the vendor's permit for the operation of their stall.

7. PUBLIC HEALTH

List of Vendors

Will you or other vendors at your event be selling any article of food? YES NO

List of the food businesses and type of food being provided at the event:

Alcohol

Will there be alcohol at the event? YES NO

If yes, will alcohol will be sold and consumed or BYO YES NO

Local council permission has given received

Has a Liquor License been obtained? YES NO

If no, alcohol will be prohibited.

Toilets

How many toilets will be provided at the event?

Male.....

Female.....

Disabled.....

Who will be responsible for the cleaning of toilets?

.....

Contact details during the event:

Name:

.....

Mobile:

.....

Water

Is the location of water clearly signposted and marked on the site plan? YES NO

How will extra water be supplied to patrons on very hot days if needed? YES NO

What is the source of water?

.....

Shelter

Describe where shelter will be provided at the event. Mark on your site plan.

Will sunscreen be available at the event? YES NO

Waste Management

What arrangements have you made for extra bins to be provided for the day?

.....
.....

What arrangements have you made for the rubbish to be removed appropriately on the day?

.....
.....

Noise

Describe the activities/mechanisms likely to create higher noise levels at your event.

.....
.....
.....
.....

Describe how you will monitor and minimize noise levels.

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.....
.....
.....

8. PUBLIC SAFETY

Security & Crowd Control

What type of security has been selected for the event?

.....
.....

If a security firm has been contracted, provide details.

Name of Company:

.....

License Details:

.....

Contact Details:

.....

Phone/Mobile:

.....

Number of Security Personnel at Event:

.....

Who is the police contact?

Name:

.....

Station:

.....

Phone:

.....

Mobile:

.....

Fax:

.....

Email:

.....

Public Assembly

Will you be fencing off the boundary of your event, restricting access and egress?

YES NO

If yes, you will need approval from your local government authority.

Lighting and Power

Do you have emergency power & lighting?

YES NO

Describe emergency power and lighting systems.

.....

.....

It is recommended that an electrician be available for the event.

Name of Certified Electrician:

.....

Contact Details during the event:

Location of Lighting Control – Mark on site plan

Location of Mains Power Control – Mark on site plan

Temporary Structures

Will there be temporary structures at the event? YES NO

Details

Stages & Platforms YES / NO

.....

Break-away Stage Skirts YES / NO

.....

Seating YES / NO

.....

Marquees/Tents YES / NO

.....

Has a permit or permits been sought or sighted for temporary structures? YES NO

Permit Name:

.....

Permit Number:

Permit Date:

Description of Structure:

Building Surveyor:.....

Contact details:.....

Gas Cylinders

List all vendors who will be using portable gas cylinders.

Name of Vendor	No. of Cylinders

Fireworks and Pyrotechnics

Will there be fireworks and pyrotechnics at the event? YES NO

Has a permit been obtained? YES NO

Permit Number:

Person Responsible for Fireworks:

Contact Details During Event:.....

Phone:.....

Mobile:.....

Ensure restricted zones are marked on site plan

9. EVENT PROMOTION

Ticketing

Are there tickets for the event? YES NO

Pre-sold

At the Gate

Both

Will the tickets provide information about the event? YES NO

Signage

The following signage will be installed, as per the site plan, at the venue -

Phones

Entrances

No Smoking

Rules relating to alcohol consumption

Lost and Found

Security

Parking

Information/Communication/Incident

Control Centre

Exits

Toilets

Water

First aid posts

Health Promotion

List any messages that will be promoted on the day

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Promotion

What, when and where will advertising be conducted?

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10. USEFUL CONTACT NUMBERS

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