Comhairle Cathrach & Contae Phort Láirge
Waterford City & County Council

PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED EVENT(S)

UNDER SECTIONS 229 & 230 OF THE PLANNING & DEVELOPMENT ACT 2000 AS AMENDED

Please submit to:

Planning Department, Waterford City & County Council, Menapia Building, The Mall, Waterford.

DATE:	
Applicant Name	
Type of event proposed	
Location of event(s) proposed	
Date(s) of event (s) proposed	
Duration of event proposed	
Commencement & Conclusion times of proposed event	

Contact details (including address, email address, telephone number etc.)	
Where the organiser is not the owner or occupier of the proposed venue, please state the name of the owner/occupier of the venue	
State the anticipated number of persons at the proposed event broken down into (A) Performers (B) Audience (C) Event Staff	
Ticketed or non-ticketed event	
Attach a short risk assessment of the event covering the nature of the anticipated crowd, the nature of the event, proposals (if any) for the sale or distribution of alcohol, previous history of this or similar event and any other factor that might need to be considered	
State the names (if currently known) and contact details of 1: Event Controller & Deputy	
2: Event Safety officer & Deputy	
3: Event medical co-ordinator & Deputy	
Please provide details of your insurance arrangements	