



**Form No. 9**

Preliminary Risk Assessment Form for proposed event(s) under Sections 229 and 230 of the Planning & Development Act, 2001 and the Planning & Development Regulations 2001 –2015. This form must be completed by the applicant in full and submitted with the notice of intention to hold an event to Waterford City & County Council at **planning@waterfordcouncil.ie**.

**Date:** \_\_\_\_\_

**1. Applicant Name:** \_\_\_\_\_

**2. Type of Event proposed:**

*An event as set out in sections 229 and 230 of the Planning and Development Act 2000 (as amended).*

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**3. Location of event(s) proposed:**

*Provide a location map of sufficient size and containing details of related sites and features in the vicinity of the venue.*

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**4. Date(s) of event(s)**

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**5. Duration of event proposed**

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**6. Commencement & conclusion times of proposed event**

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**7. Contact Details**

(Including address, email address, telephone number etc.)

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**8. State the name of the owner/occupier of the Venue.**

*In respect to the use of Public roads section 187 (3) Part 16, Planning & Development Act, 2001 shall apply*

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**9. State the anticipated number of persons at the proposed event broken down into**

(a) Performers \_\_\_\_\_

(b) Audience \_\_\_\_\_

(c) Event Staff \_\_\_\_\_

**10. Is this a Ticketed or non Ticketed Event?**

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**11. State the names (if currently known) and contact details of the**

Event Controller \_\_\_\_\_ Contact: \_\_\_\_\_

Deputy Event Controller \_\_\_\_\_ Contact: \_\_\_\_\_

Event Safety Officer \_\_\_\_\_ Contact: \_\_\_\_\_

Deputy Event Safety Officer \_\_\_\_\_ Contact: \_\_\_\_\_

Event Medical Coordinator \_\_\_\_\_ Contact: \_\_\_\_\_

Deputy Event Medical Coordinator \_\_\_\_\_ Contact: \_\_\_\_\_

**12. Attach a short Risk Assessment of the event covering 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. (This can be a summary of the Safety Statement but the Safety Statement itself is not required at this preliminary stage.)**

**13. Details of insurance arrangements**

*(If not yet arranged, indicate what is proposed)*

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**Declaration:**

By signing and dating this form you are confirming that the information provided is correct at the time of signing.

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

Print Name: \_\_\_\_\_

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