



Form no.9 Article 184

**PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED EVENT(S)
UNDER SECTIONS 229 AND 230 OF THE ACT**

Submit to

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

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 the • Event controller & deputy • Event safety officer & deputy • Event medical co-ordinator & deputy

Contact No. 3:

Please provide details of your insurance arrangements

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

Signature: _____

Date: _____