



# FINGAL COUNTY COUNCIL SAFETY ADVISORY GROUP

## Public Event

### Form SAG002 – Event Application Form

The Fingal County Council Safety Advisory Group (SAG), request that this form be completed with the basic details of the event, in type or writing in block capitals in BLACK INK. This allows the Council and Emergency Services (fire, ambulance and Gardaí) to provide advice on safety, street closures and any/ all applicable licences required. Please return the completed form as soon as possible – Do not wait until the details for your event are finalised.

Please send this completed form, together with all supporting documentation, either by email to [events@fingal.ie](mailto:events@fingal.ie) or by post to Events Unit, Safety Advisory Group, Fingal County Council, County Hall, Swords, Fingal, Co. Dublin.

Please note that copies of this application will be forwarded to members of the Fingal County Council SAG. This includes all relevant Local Authority Services and the Emergency Services.



# EVENT ORGANISER

<b>Name / Company</b>	Full business name	
	Trading name	
	Company / Charity Number	
<b>Contact Details</b>	Address	
	Phone	
	Email	
<b>Name</b>		
<b>Signature</b>		
<b>Position</b>		<b>Date</b>

## EVENT MANAGEMENT

**NB:** Please note that these roles have specific functions and responsibilities, and as such the persons must be competent for the role. Please provide details describing previous experience and qualifications of roles below including events and dates. This can be provided on separate sheets and attached to this form if necessary.

<b>Person(s) in overall control (named individual)</b>	Name
	Phone
	Email
	Experience / Qualifications
<b>Event Controller</b>	Name
	Phone
	Email
	Experience / Qualifications
<b>Event Safety Officer</b>	Name
	Phone
	Email
	Experience / Qualifications
<b>Event Chief Steward / Marshall</b>	Name
	Phone
	Email
	Experience / Qualifications

## EVENT DETAILS

Please note that if the proposed event is a non-sporting event with an expected attendance of 5000+ a formal Planning application must be made to Fingal County Council, allowing appropriate time (approx. 16 weeks) for the application process. FCC must be satisfied with the event management arrangements before a license is issued.

<b>Name</b>		
<b>Location</b>		
	Location Plan Attached; Yes <input type="checkbox"/> No <input type="checkbox"/> Site Plan Attached; Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Dates and Times</b> (Include dates and times to prepare and dismantle venue / location)	Build Start	Event Finish
	Event Start	Break Finish
<b>Nature of Event</b> (Brief description of proposed event)		
<b>Target Audience</b>		
<b>Is this a free event?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Admission Price
<b>Is this a ticketed event?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is the event open to the public or invited guests only?</b>		
<b>Estimated Number of Persons Attending</b>	At any one time	Over the whole event
	General Public	
	Personnel	
	Participants	
<b>Estimated Holding Capacity</b>		

## EVENT DOCUMENTATION / ADMINISTRATION

Does the event organiser own the site/venue or have a tenancy agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no does the event organiser have a written agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the site/venue been used before for similar events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have residents or local businesses been contacted in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any objections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a specific Event Safety Management Plan been produced for the proposed event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes who is the author(s) of the event plan?	
Is the author deemed competent in relation to experience, qualification and knowledge for this type of event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the author of the event plan the designated Event Safety Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has indemnity insurance been provided for the event plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is the designated person to supervise the build and break of the event?	
Is the person deemed competent in relation to experience, qualification and knowledge for this type of role?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have all relevant statutory approvals, licenses, etc. been granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has there been consultation with statutory agencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes which statutory agency was consulted?	
Have terms and conditions been established with suppliers and participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EVENT ACTIVITIES

Please tick below the appropriate boxes to show the activities that are intended for the event. Please note that some of these activities are not permitted at and/or in all venues.

Stewarding / Security	<input type="checkbox"/>	Exhibitors	<input type="checkbox"/>
Market Stalls	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>
Food/Drink Concessions	<input type="checkbox"/>	Toilets	<input type="checkbox"/>
Power Supply	<input type="checkbox"/>	Marquees	<input type="checkbox"/>
Water (Limited Supply At Some Sites)	<input type="checkbox"/>	Lost Children Point	<input type="checkbox"/>
Temporary Structures / Staging	<input type="checkbox"/>	On Site Communications (Radios, loudhailers etc.)	<input type="checkbox"/>
Barrier / Fencing	<input type="checkbox"/>	Live Entertainment	<input type="checkbox"/>
P.A. System	<input type="checkbox"/>	Carnival / Fairground equipment	<input type="checkbox"/>
Motor Vehicles	<input type="checkbox"/>	Inflatables (e.g. Bouncy Castle)	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other (Please Specify)

## RISK ASSESSMENT

Describe the key hazards identified, the level of risk (Low, Med or High) and the control measures proposed.

<b>Hazard</b>		<b>Risk</b>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Control
<b>Hazard</b>		<b>Risk</b>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Control
<b>Hazard</b>		<b>Risk</b>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Control
<b>Hazard</b>		<b>Risk</b>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Control
<b>Hazard</b>		<b>Risk</b>	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	Control

## EVENT TRAFFIC MANAGEMENT

If a formal road closure is required, Fingal County Council SAG must be contacted and allow an appropriate time period (approx. 5 weeks) for application process. The SAG must be satisfied with the traffic and pedestrian management arrangements before a closure will be granted. If YES is answered to any of question below then a detailed plan is required.

Are any roads and/or footpaths, that are normally open to the public affected or used as part of the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need any road closures and traffic diversions	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the expected duration of the road closure?	
What signage will be in place to advice vehicles of the road closure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any parking provided for staff and/or participants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EVENT INSURANCE

Has Public Liability Insurance been arranged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company	
Value of Cover (Not less than €5 million)	