

FORM - 03

EVENT DISASTER MANAGEMENT PLAN

MANDATORY FORMS

The following details must be filled in by the person designated as the Principal Organizer for the event.

Event:					Location:	
Total Venue size (m²):		Number of seats/chairs:			Size of site (m²):	
Expected Population per day	Day 1	Day 2	Day 3	Day 4	Date/s of event:	Time/s of event:
Number of Gas Supplied Food stalls/Courts LPG: Total Tmax 19 kg allowed indoors					Location of heating points (Gas, electrical, braai containers and fuel).	
Number and type of temporary structures (tents, music tents, fairground rides).						
Name of Principal Organizer:						
Cellular Contact Number:					Alternate Contact Number:	
Email:						
Signature :					Date:	



EVENT/FESTIVAL RISK ASSESSMENT & ACTION PLAN WORKSHEET

This document is designed to assess the risks associated with events.

RISK POTENTIAL OF EVENT:

ACTIVITY (List the individual activities):	RISKS IDENTIFIED (List all details in relation to the risk/s)	CURRENT CONTROLS TO MANAGE RISK (List the current controls in place to manage the risk/s)	FURTHER CONTROL ACTIONS (List what measures will be implemented to control the risk/s)	RESPONSIBLE PERSON/S ALLOCATED (List who is responsible to implement the action)	CONTACT DETAIL:
	FIRE				
	TRAFFIC				



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	MEDICAL (First Aid)				
	LAW ENFORCEMENT PRIVATE SECURITY				



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	OTHER				



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CONTROL LIST:

Designated Safety Officer	Name:	Telephone Number	Alternative	E-mail
Designated First Aider	Name:	Telephone Number	Alternative	E-mail
Emergency Contact List	<i>To be attached</i>			
Site Layout Plan	<i>To be attached</i> <i>Your site plan should include the following:</i> 1. <i>Emergency Evacuation plan (Muster/assembly points and evacuation routes must be indicated)</i> 2. <i>Appropriate toilet facilities</i> 3. <i>Traffic Management routes (off site and on site)</i> 4. <i>Appropriate fire points/extinguishers</i> 5. <i>Emergency access routes</i>			
Contingency Plan	<i>To be attached</i> <i>Your contingency plan should include Alerting Procedures</i>			



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EMERGENCY CONTACT LIST OF PERSONS INVOLVED IN EVENT ORGANISATION:

NAME	RESPONSIBILITY	CELLULAR NR.



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PLEASE ATTACH **SITE LAYOUT PLAN** HERE:



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PLEASE ATTACH CONTINGENCY PLAN (If applicable):



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For Official Use Only

Date Received:.....	Received By:.....	
Follow Up Inspection Date:.....	Fire Official Name:	
Inspection Ref:.....	Authority Given: YES / NO (Circle appropriate response)	
If No, state reason:.....		
COF Details: Receipt No:.....	Issue Date:.....	Expiry Date:.....