**Event Health & Safety Plan**

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| **Event Health, Safety & Wellbeing Policy** |
| Event Name: Date: Location: [Event organiser] recognises their responsibility to protect the health, safety and wellbeing of all people directly associated with the event, including members of the public, whether attending the event or not.We are committed to providing a safe environment for everyone to the best of our abilities. The details as set out in this event specific Health and Safety Plan meet the requirements of the Health and Safety at Work Act 2015, and other related legislation.We confirm that the following requirements are part of this plan:* A process is in place for the identification, assessment and control of risks and hazards;
* The control measures aim to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our operations;
* An ongoing and systematic monitoring and review of control measures for risks/hazards has been established at intervals which are appropriate to this event;
* Health and safety responsibilities are clearly assigned to a designated person/s;
* A process to consult, coordinate and cooperate with all contractors has been established to ensure that all work activities are done safely;
* An accident, incident and near miss recording and reporting system has been developed and kept on site;
* All participants at the event possess the necessary knowledge, skills and training to enable them to perform their job adequately;
* The event location will be inspected by the designated health and safety person/s to ensure the venue is safe before allowing the public to enter the site/venue;
* We have developed an overall emergency management plan which takes into consideration the event location, pack in and pack out, event activities and any special procedures or instructions that may be required.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Event Details** |
| **Event Name:** |
| **Event Location:** *(name of park/beach/public building/road etc)* |
| **Event Dates & Times:***Note – if this is a maritime event include set up and pack down times required* ***on water*** | Start Date: | End Date: |
| Start Time: | End Time: |
| Pack In Date: | Pack Out Date: |
| Pack In Time: | Pack Out Time: |
| **Event Organiser:** | Contact Name: |
| Mobile:Phone:Email: | Postal Address: |
| **Auckland Council Event Facilitator:** | Name: |
| Email: |
| Phone: |
| **Event Description:***(Briefly outline the nature and scope of the event, including type of patrons, expected attendance numbers and activities that will occur on the site)* |

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| **Event Details** |
| **Participants & Spectators** | **Yes** | **No** | **Expected Numbers** |
| Participants *(actively participating at event)* |  |  |  |
| Spectators *(not actively participating at event)* |  |  |  |
| Employees |  |  |  |
| Contractors (eg sound, lighting, staging etc) |  |  |  |
| Volunteers |  |  |  |
| Food or Trading Vendors |  |  |  |
| **Other Contributory Factors** | **Yes** | **No** | **If ‘yes’ refer to guidelines** |
| Presence of alcohol |  |  | 1.10 Security procedures |
| Involvement of children/vulnerable persons |  |  | 1.16 Lost children/vulnerable persons |
| Involvement of animals |  |  | 1.13 Animals |
| Traffic management |  |  | 1.11 Traffic management |
| Significant impacts/hazards |  |  | 1.12 Other significant hazards or impacts |
| Special effects/pyrotechnics/fireworks |  |  | 1.14 Special effects |
| Temporary structures |  |  | 1.7 Temporary structures |
| Ground penetrations |  |  | 1.8 Ground penetrations |
| Use of liquefied petroleum gas (LPG) |  |  | 1.9 LPG |
| Specialist procedures/training/knowledge or contractors |  |  |  |
| Maritime event |  |  | 1.15 Maritime Events |
| Use of drones |  |  | 1.17 Drones |
| Does your event/activity fall under the Adventure Activities Regulations 2011? |  |  | 1.16 Adventure Activities |
| If **yes**, please provide a copy of your current registration as a Certified Adventure Activity operator |

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| **Key Contacts** |
| **Responsibility** | **Name** | **Number** | **Organisation** |
| Event Manager |  |  |  |
| Site Manager |  |  |  |
| Stage Manager |  |  |  |
| Designated H&S Person |  |  |  |
| First Aid |  |  |  |
| Emergency Control & Liaison |  |  |  |
| Security |  |  |  |
| Traffic/Parking Management |  |  |  |
| Waste Management |  |  |  |
| Lost Children/Vulnerable Persons |  |  |  |
| Media/Communications |  |  |  |
| Volunteer Management |  |  |  |
| **Contractor Information** |
| **Responsibility** | **Name** | **Number** | **Organisation** |
| Amusement Devices/Bouncy Castles |  |  |  |
| Crowd Control Barriers |  |  |  |
| Drones/UVAs |  |  |  |
| Electrical |  |  |  |
| Fire Safety |  |  |  |
| Food/Trading Vendors |  |  |  |
| Generators |  |  |  |
| Lighting |  |  |  |
| LPG Gas Supply |  |  |  |
| Parking Management |  |  |  |
| Portable Toilets |  |  |  |
| Pyrotechnics/Fireworks |  |  |  |
| Sound |  |  |  |
| Special effects (e.g. lasers) |  |  |  |
| Staging |  |  |  |
| Temporary Structures |  |  |  |

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| Risk Identification and ControlThere are a number of pre-populated hazard’s which are likely to appear at most events. Identify and add additional hazards to your plan |
| **Pack In/Pack Out**(moving vehicles, work at heights, first aid, etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
| Moving Vehicles |  |  |  |  |  |
| Manual Handling  |  |  |  |  |  |
| Public on site during pack in/out |  |  |  |  |  |
|  |  |  |  |  |  |
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| **Electrical, Sound & Lighting**(isolation, tripping hazards etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
| PA System |  |  |  |  |  |
| Electrical Equipment |  |  |  |  |  |
| Cables |  |  |  |  |  |
| Onsite Power Access |  |  |  |  |  |
| Generators |  |  |  |  |  |
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| **Staging & Temporary Structures**(stage access, ground stability, scaffolding etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
| Stage Installation |  |  |  |  |  |
| Performers on stage |  |  |  |  |  |
| Gazebos/Marquees/Tents |  |  |  |  |  |
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| **Hazardous or High Risk Works**(working at height, confined spaces, heavy lifting, use of scissor lifts or elevated work platforms, scaffolding over 5 metres etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
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| **Mechanical Devices & Bouncy Castles**(rides, equipment and bouncy castles etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
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| **Environmental Hazards**(weather such as UV, wind, rain, tidal conditions etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
| Wind |  |  |  |  |  |
| Rain |  |  |  |  |  |
| UV Exposure |  |  |  |  |  |
| Thunder & Lightning |  |  |  |  |  |
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| **Drones or UAV’s**(drones or remote controlled devices etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
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| **Special Effects & Fireworks**(fireworks, laser lights, smoke machines, strobe lighting etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
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| **Site Specific Hazards Identified by Community Facilities**(any site specific hazards identified by Community Facilities through the facilitation process as being applicable to your activity) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
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| **Other**(any additional hazards that have been identified but do not fall under any other category, e.g. alcohol, animals, parade floats, LPG gas, naked flames, night works, etc) |
| **Hazard** | **Risk** | **Risk rating before control measures** | **Risk control measures** | **Risk rating after control measures** | **Whom, by when** |
| COVID-19 |  |  |  |  |  |
| LPG |  |  |  |  |  |
| BBQ |  |  |  |  |  |
| Fire |  |  |  |  |  |
| Medical Events or Injuries |  |  |  |  |  |
| Signage/Banners/Flags |  |  |  |  |  |
| Dogs/Animals |  |  |  |  |  |
| Slips/Trips & Falls |  |  |  |  |  |
| Food |  |  |  |  |  |
| Portable Toilets |  |  |  |  |  |
| Noise |  |  |  |  |  |
| Public Behaviour |  |  |  |  |  |
| Alcohol/Substances |  |  |  |  |  |
| Crowd Control |  |  |  |  |  |
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**Add additional sheets if required**

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| Emergency PlanPlease provide details (or attach information) which outlines how you will deal with any emergency situation which may arise during the event. This will include what you will consider an emergency, how staff and public will know what to do, the location of emergency access/egress points (on your site map), emergency control point, evacuation routes, evacuation assembly points, location of first aid services, fire extinguishers/blankets, and details of nearest hospital or medical centre. |
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| Command, Control and CommunicationPlease provide information on how you will be responsible for managing communication on your site and how you intend to relay information and messages to the public if the event of an emergency)  |
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| Lost Children/Vulnerable PersonsPlease provide information on how you will deal with lost children or vulnerable persons at your event. Your information should include the designated location of your lost children point (on your site map), who will manage the lost children point and what protocols you will have in place to reunite lost children with their caregivers. |
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| Reporting of Accidents, Incidents and Near MissesPlease provide information on your processes for recording and reporting accidents, incidents and near misses at your event |
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| MISSING or FOUND CHILD REPORT FORM |
| **EVENT DETAILS** |
| Name of event: |  |
| Time & date child was reported lost/found: |  |
| **DETAILS OF LOST/FOUND CHILD** |
| Name: |  |
| Alternate name:(If any) |  |
| Age: |  |
| Sex: |  |
| Description of child: |  |
| Clothing: | Outer clothing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shirt/sweater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trousers/skirt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Headwear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gloves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Footwear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Possessions: Eg bag/toy etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jewellery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DETAILS OF PERSON REPORTING MISSING CHILD** |
| Name: |  |
| Home address:(or name of Organisation)  |  |
| Post code: |  |
| Contact Phone No: |  |
| Relationship to missing child: |  |
| Other relevant information: |  |
| **ACTION** |
| Details of action taken to find child/parent/guardian:  |  |
| **DETAILS OF PERSON CLAIMING CHILD** |
| Name: |  |
| Address: |  |
| Post code: |  |
| Contact Phone No: |  |
| Form of ID shown: |  |
| Relationship to child: |  |
| Time child reunited with parent/guardian: |  |
| Signature of person claiming child: |  |
| Signature of lost children representative: |  |
| Time and Date: |  |