

Event Name

Event Plan

Date of Draft

TEMPLATE

Event overview

Type of event(s): (e.g Family Fun Day, music, workshops)

Event organisers:

Event location(s):

Outdoor/indoor event:

Ticketed/Free:

Name of or list of event(s):

Event Name	Date	Start time	Finish time

Staffing

Role	Name	Contact Number	Email
Event Manager			
Marketing & Comms			
Health & Safety Officer			
BCC Rep			

Stewards & Security

Volunteer co-ordinator and contact is Jacqueline O'Hagan

- As suggested by the Event Controller a minimum of X volunteers will be required at the event
 - A briefing will take place for volunteers and this will be co-ordinated by XXX
 - Volunteers will be wearing appropriate and distinctive apparel
 - Security will not be required for this event
- OR**
- Security for this event will come from XX and will be placed at site entrances and exit

Sub-contractors & suppliers

All contractors, sub-contractors and suppliers will be asked to supply the following documents where relevant;

- Current Public Liability Insurance
- Food Hygiene Certificates
- Risk Assessments
- Any other appropriate H&S documentation

**A detailed supplier list can be found in Appendix B

Location

Site Map (Site location is subject to change in the event of unforeseen circumstances e.g extreme weather)

**Site plan can be found in Appendix C

TEMPLATE

Event Set Up

Times

**Complete Production Schedule can be found in Appendix D

Time	Activity

Equipment and Energy Supplies

Item	Required	Sourced From	Notes
Access to electric			
Access to a generator			
Access to water supply			
Tables			
Chairs			
Gazebos			
Marquee			

Signage

Messaging	Required	Type of signage	Source
Toilets			
Entrance			
Exits			
Event descriptions			

Toilets

Include details of toilet facilities on site

Catering

Organisation	Type of Food	Hygiene docs received

Alcohol

Include details of whether alcohol will be served at this event

Residents Letter

For larger events, it is advised that residents are informed either through engagement or through a residents flyer which outlines the details of the event. This should be sent at least 10 days prior to the event taking place.

Health & Safety

The Event will promote Health and Safety standards on site and will comply with all rules and regulations

A detailed list of all relevant Risk Assessments is included in Appendix B – All relevant Risk Assessments & Health and Safety Documents will be provided

Medical/First Aid:

An assessment will be made as to whether First Aid is required at this event based on the below matrix. According to this matrix **XX** first aiders are required and will be supplied by the Health & Safety Manager.

A template Incident Report Form can be found in Appendix E

A template Emergency Services Form can be found in Appendix F

Lost & Found:

The Event Management staff will make every effort to return lost and found property to the rightful owners but in no way can we accept any responsibility for the loss, theft or damage of any personal property of the participants, event staff or volunteers

Ground Stability

Details of how equipment will be secured e.g weighted to concrete or pinned to grass

Cleansing

Detail on how you will ensure the space is maintained during and after the event e.g working with BCC to access extra bins, volunteers on site picking up litter etc

Capacity

XXX people will attend this event

Parking

Detail on what car parking is available on site for suppliers and facilitators, if no parking available, explain how you will manage this.

Street Closures

Detail whether street/road closures are required and how you have planned this with PSNI

PSNI Supervision

XXX

Marketing the Event

Online Marketing

Channel	Type of Comms	When	Carried out by
Mailchimp			
Facebook			
Twitter			
Instagram			
Website			

Offline Marketing

Activity	Number (if printed)	When	Carried out by
Flyers			
Posters			
PVC Banners			
Word of Mouth			

Legislation

XXX will provide all relevant legislative documents

Post Event

Managing Complaints

Detail on how you will manage complaints before, during and after the event.

Date of post event review:

TEMPLATE

Appendix C

SITE PLAN

TEMPLATE

Appendix D

PRODUCTION SCHEDULE

Time	Activity	Carried out by

TEMPLATE

Appendix E

ACCIDENT/INCIDENT REPORT FORM

Insert Event Name and Date Accident/Incident Report Form (To be used for any Accidents, Injuries or Welfare Incidents)	
Venue:	Location of Accident/Incident:
Date of Accident/Incident:	Time of Accident/Incident:
Name of individual injured in Accident/Incident: Date of Birth: Male/Female	Name of Individual(s) who dealt with the Accident/Incident:
Details leading up to the Accident/Incident:	
Details of events after the Accident/Incident: (Please detail names and contact numbers of those who have been contacted)	
First Aid Treatment given:	
Has the accident/incident been resolved?	
Witness Details Name Contact number Comment Signature:	
Signed: (Injured person)	Print Name:
Signed: (First Aider)	Print Name:

Appendix F

EMERGENCY SERVICES CALL OUT REPORT FORM

Details of person making report:

Surname.....
.....

First Name.....
.

Date..... *Time*.....
.....

Venue.....
.....

Status..... *Contact number*.....

Service called out..... *Reason for call*.....

Brief description of incident.....
.....
.....
.....
.....

Names of anyone else who was present.....
.....
.....
.....

All forms to be handed to **XX**