

Other Key Event Personnel:

Person responsible for Health & Safety:

Person responsible for security (if required):

Person responsible for First Aid:

Equipment:

Will electrical equipment (lighting, disco equipment etc. be used:

Yes No

If yes, is the equipment less than 12 months old? :

Yes No

If more than 12 months old, has it been PAT tested? :

Yes No

Give details of any other equipment to be used:

What First Aid provision has been made:

Give details of entrance arrangements (e.g. ticket, on-line registration, pay on admission etc.)

Give details of stewarding arrangements:

Give details of emergency arrangements:

Give details of Insurance held:

Anticipated audience profile: (age, gender etc.)

If an outside event, has PSNI/DRD approval been given? Yes
No

Will there be alcohol at the event? Yes
No

Will alcohol be sold at the event? Yes
No

If yes, to the last question, has a licence been obtained? Yes
No

Signature: _____

Date: _____

TEMPLATE