Event Management

Safety Plan:

***For Community Events***

Event:

Date:

Event address or venue:

Prepared by:

DATE SUBMITTED:

APPROVED BY: (ADC to complete)

This Document is to be completed and returned to the relevant point of contact at Ashburton District Council at least one month prior to the event for assessment and guidance if required.

# Ashburton District Council Rules

Are your site contact details provided? Yes No

Are your Health & Safety points of contact details provided? Yes No

Additional Health & Safety requirements identified & addressed:

* HSNO (Hazardous Substances & New Organisms Act) Yes N/A

A risk assessment must be done prior to the event and on the day of the event. Yes No

Do you have a Regional Council requirement? Yes No

* Is the activity being undertaken on land or water under care outside of ADC ie: ECAN

# Contact list

|  |  |
| --- | --- |
| **Name: *(please print)***PCBU/Site Supervisor/Client/Contractor/Sub Contractor names/Entertainment. | **Telephone Number:** |
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# Event ‘Specific Safety Plan’ checklist

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| **Client contact on site for this event is:**Group/Company: Primary contact: Email: Mobile:  |
| **1. Notifiable Works:**  Let the Ashburton District Council & WorkSafe NZ know what you have planned.* Will any areas of your event involve work that is classified by WorkSafe NZ as 'Hazardous'?

 A full list of these defined works can be found below: (<http://www.business.govt.nz/worksafe/notifications-forms/particular-hazardous-work>) – example: use of explosives. Please circle as appropriate: We have Notifiable Hazardous Works associated with our event Yes No* Will your event include the use of fireworks? Yes No

 If Yes, please provide evidence you have notified WorkSafe. Please also provide ADC a copy of your HSNO register and relevant SDS.  Please note, notifications must be submitted to WorkSafe NZ within 24 hours of the event starting. |
| **2. Hazard Management:**  Events can be risky business. Be safe, plan ahead and work out how you can manage these risks.* Risk Assessment/Hazard Register is attached Yes No

 A Risk Assessment/Hazard Register is an all-encompassing document which captures all the hazards you may have at your event and lists the controls that will be used to minimise the risk of something going wrong. Hazards can be anything from; contractors rigging at height, moving forklifts/vehicles, pyrotechnics, electrical work, cooking on-site, hazardous substances - the list goes on but you get the picture.* Task Analysis is attached Yes No

 A Task Analysis is a more in-depth look at a particular high risk activity like scaffolding, pyrotechnics or aerialist performers. These sort of tasks need to be carried out by experienced professionals who are qualified and competent. They will provide you with a detailed task analysis on what they are going to do, how they are going to do it safely. * Emergency management plan is attached Yes No
 |
| **3. Contractor Management*** Will you have any contractors/ sub-contractors working for you at this event? Yes No

 If yes, it is your responsibility to ensure you have a register of these contractors, and ensure they provide you with copies of their qualifications/competency levels, Site Specific Safety Plan and or Task Analysis. Ashburton District Council reserves the right to request copies of these documents at any time, so please have them ready and available - just in case. Examples of contractors; security traffic management company, port a loo people.* Our contractors/ sub-contractors will comply with site H&S requirements? Yes No

 Please include a copy of the site H&S requirements signed by all contractors, subcontractors and worker groups. |

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| **4. Training and Induction** Every venue is different, we want to make sure your team feel comfortable and safe in our venue, so they can get on with their job! All persons under our control (contractors, exhibitors, sub-contractors etc) while onsite are trained and/or competent or supervised to carry out their work safely. Yes No Verification of any training requiring licencing/certification must be supplied in the form of a training register or copies of actual licences/certifications. This includes any Food Safety and Food Health certifications. All persons under our control on site attend a Site Specific Safety Induction. Yes No Verification of the completed induction, signed by all contractors, subcontractors, and worker groups must be supplied. |
| **5. Communication** Making sure your people have the right information before they arrive onsite.* The methods of communicating safety information to our contractors/exhibitors are by:

 Website updates Phone calls Email newsletter On site pre-start meeting Social media messages Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Accident / Event Reporting** See it, Report it – Prevent it from happening again! We have a register to report all accidents/incidents to ADC. Yes No Please provide a copy of the register. We will notify all WorkSafe NZ notifiable events to the Ashburton District Council Capability Team or the 24 hour telephone service (03-307 7700) as soon as practicable. If an accident investigation is required, this is to be submitted to ADC within 7 days and WorkSafe within 7 days if requested. Yes No |
| **7. Event Safety - Inspections and Reviews** Keeping track of what’s going on! As the Event Organiser you will need to make time to walk the venue, and ensure all work is being performed in a safe and compliant manner - let us know when you plan to do these checks. Before event  Daily Other In the midst of an event things can get a little frantic, so to keep you protected you will need to retain a record of these inspections, and details of what these will involve. Yes No |

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| Event Rep Name: Signature: Group/Company: Venue: Date:  |

# Attendance register: mobile food vendors, mobile shops, amusement devices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of Business & Operator (Including contact details)** | **Details of what is being sold/provided e.g. food, alcohol, goods, entertainment etc.** | **Food registration number****Liquor licence details** **(if applicable)** | **Hawkers licence details****(if applicable)**  | **Amusement device licence details****(if applicable)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

# Please attach the applicable documents with this application:

* Completed hazard register including controls
* Task analysis for high hazard work undertaken
* Material Safety Data Sheets for any HSNO products
* HSNO product register
* Copy of any WorkSafe Notifiable Hazardous Works notification
* Emergency plan including any specific hazardous substance
* Contractor Register
* Training and Competency Register if applicable
* Accident / Incident register
* Copies of Insurance certificates
* Police Vetting documents

# Post event documents required:

* Verification of completed inductions
* Event Safety inspections
* If applicable, evidence of notification to WorkSafe
* Accident / Incident register

# Definitions

* **PCBU** **Person Conducting a Business or Undertaking**

The Health & Safety at Work Act 2015 places the primary duty of care and various other duties and obligations on a '**person conducting a business or undertaking**' (PCBU). The meaning of a PCBU is set out in section 5 of the Health & Safety at Work Act 2015.

* **Clarification of Police Vetting**

What is the difference between Police vetting and Ministry of Justice criminal record check?

Police provide a vetting service for approved agencies that provide care to children, older people and vulnerable members of society in New Zealand. Agencies wanting to be approved as users of the New Zealand Police Vetting Service should refer to New Zealand Police Vetting Service registration.

A Police vetting result may include any information held by New Zealand Police whereas a Ministry of Justice criminal record check will only contain conviction history.

<http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

* **Notifiable Works**

By accessing the link located below, you will be able to download a form which you are able to use to notify WorkSafe New Zealand of Particular Hazardous Work as required under Regulation 26 of the Health and Safety in Employment Regulations (1995). Please ensure a copy of this is attached to this safety plan form.

<http://forms.worksafe.govt.nz/hazardous-work-notification>

* **HSNO Hazardous Substances and New Organisms**

The purpose of the Hazardous Substances and New Organisms (**HSNO**) Act 1996 is to protect the environment, and the health and safety of communities, by preventing or managing the adverse effects of hazardous substances and new organisms.

<http://www.worksafe.govt.nz/worksafe/information-guidance/legal-framework/hsno-act-1996>

To assist you in completing this form we have attached a blank accident register form, a sample of a hazard register, and a template for an Emergency Evacuation Plan.

Failure to provide all required documents may jeopardise the final sign off and may cause the event to be cancelled or requests to hold future events to be declined.

**Accident/Incident reporting register**

***(Template for your use if you don’t already have one)***

***Event:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Place** **(please clearly describe)** | **Description****(please be specific)** | **Time Reported** | **Reported to (delete n/a)** |
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In an emergency please call **111** (do not use local numbers)

Ashburton District Council 03 – 307 7700 (24hr)

WorkSafe New Zealand 0800 030 040 (anytime)

Event Management *(please enter your contact number/s here)*

**Hazard & Risk Management Plan *(Template for your use if you don’t already have one)***

|  |
| --- |
|  **RISK ASSESSMENT** |
| **Name of Event:** | **Date of Event:** | **Risk Management officer:** |
| **Hazards** | **Risk rank** | **Control / Actions** | **Risk after controls** | **Responsibility** |
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|  | **Likelihood** | **Description** |  |  | **Consequence** | **Description** |
| **5** | High | * There is a strong likelihood of the hazards occurring
 |  | **5** | Catastrophic | * Multiple or single death
* National media coverage
 |
| **4** | Significant | * Considered that it is likely that the hazard could occur
 |  | **4** | Major | * Serious health impacts on multiple or single person or permanent disability.
* National media coverage
 |
| **3** | Moderate | * Incident or hazard has occurred infrequently in the past
 |  | **3** | Moderate | * More than 10 days rehabilitation required for injured persons
* Local media and community concern
 |
| **2** | Low | * Has not occurred yet, but it could occur sometime
 |  | **2** | Minor | * Injury to person resulting in lost time and claims
* Minor isolated concerns raised by stakeholders & event attendees
 |
| **1** | Negligible | * Remote chance, may only occur in exceptional circumstances
 |  | **1** | Insignificant | * Persons requiring first aid
* Minimum impact to reputation
 |

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| --- |
| **Consequence** |
| **Likelihood** | 1 insignificant | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
| **1 Negligible** | 1 | 2 | 3 | 4 | 5 |
| **2 Low** | 2 | 4 | 6 | 8 | 10 |
| **3 Moderate** | 3 | 6 | 9 | 12 | 15 |
| **4 Significant** | 4 | 8 | 12 | 16 | 20 |
| **5 High** | 5 | 10 | 15 | 20 | 25 |

**Safety Briefing Induction register**

***(Template for your use if you don’t already have one)***

***Event:***

|  |  |  |
| --- | --- | --- |
| **Time/date** | **Stall holder representative - print** | **Stall holder representative - sign** |
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Event Management *(please enter your contact number/s here)*

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WorkSafe New Zealand 0800 030 040 (anytime)

**Induction Guidelines**

* **Event Safety Contact details provided**
	+ Person in charge is xxxx and identified by xxxx, event stewards are xxxx and identified by xxxx
* **Evacuation Assembly point confirmed**
	+ Located xxxx and take xxxx route. Remain here until xxxx advises safe to return
* **Emergency Management plan outlined**
	+ In the event of an emergency you will be notified by xxxx. If localised area ie: power outage at west end no shut down or evacuation required.
* **Hazards & Risks addressed**
	+ A copy of the relevant hazards & risks with controls have already been addressed and receipted acknowledgment from you received via email. There are no new hazards or risks identified **OR** xxxx has been identified, xxxx controls are to be followed.
* **In case of an accident contact xxxx**
	+ Event Management have certain forms that must be completed for audit purposes. Report all accidents, incidents or near misses.