



**PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED  
EVENT(S) UNDER SECTIONS 229 AND 230 OF THE ACT**

**Submit to: Donegal County Council    Date Received: \_\_\_\_\_**

Applicant Name:	
Type of event proposed <sup>1</sup>	
Location of event(s) proposed <sup>2</sup>	
Date(s) of event(s) proposed:	
Duration of event proposed:	
Commencement & conclusion times of proposed event:	
<b>Contact details:</b>	
Address:	
email address:	
telephone number:	
Where the organiser is not the owner or occupier of the proposed venue, please state the name of the owner / occupier of the venue	
State the anticipated number of persons at the proposed event broken down into:-	
(a) Performers	
(b) Audience	
(c) Event Staff	
Ticketed or non-ticketed event-	

Attach a short risk assessment of the event covering the nature of the anticipated crowd, the nature of the event, proposals (if any) for the sale or distribution of alcohol, previous history of this or similar event and any other factor that might need to be considered <sup>3</sup>		
State the names (if currently known) and contact details of the following		
• Event controller & deputy	Contact No. 1:	
• Event safety officer & deputy	Contact No. 2:	
• Event medical co-ordinator & deputy	Contact No. 3:	
Please provide details of your insurance arrangements <sup>4</sup>		

- <sup>1</sup> An event as set out in Sections 229 and 230 of the Planning and Development Act, 2000 (as amended).
- <sup>2</sup> Provide a location map of sufficient size and containing details of related sites and features in the vicinity of the venue.
- <sup>3</sup> This can be a summary of the Safety Statement but the Safety Statement itself is not required at this preliminary stage.
- <sup>4</sup> If not yet arranged, indicate what is proposed.

**Declaration — By signing and dating this form you are confirming that the information provided is correct at the time of signing.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_