



Form No. 9

Article 184

**PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED EVENT(S)
UNDER SECTIONS 229 & 230 OF THE PLANNING & DEVELOPMENT ACT 2000 AS AMENDED**

Completed Form Should be returned to: planning@corkcity.ie

Date Received: _____

Applicant Name:	
Type of event proposed: ¹	
Location of event(s) proposed: ²	
Date(s) of event (s) proposed	
Duration of event proposed	
Commencement & Conclusion times of proposed event	
Contact Details	
Address:	
Email:	
Contact 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 ³	
State the names (if currently known) and contact details of	
1: Event Controller & deputy	

2: Event Safety officer & deputy	
3: Event medical co-ordinator & deputy	
Please provide details of your insurance arrangements ⁴	

¹ An event as set out in Section 229 and 230 of the Planning and Development Act, 200 (as amended)

² Provide a location map of sufficient size and containing details of related sites and feature in the vicinity of the venue

³ This can be a summary of the Safety Statement but the Safety statement itself is not required at this preliminary stage.

⁴ 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 is signing

Signature: _____

Date: _____