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| Event Management PlanVersion 2.0 | Swale BC Logo 2010 |

As an Event Organiser you are responsible for:

* Informing your local authority of the event
* Seeking permission of the relevant land owner
* Submitting the relevant documentation to your local authority in a timely manner
* Ensuring the overall safety at the event as far as reasonably practicable
* Ensuring that health and safety arrangements are in place to control risks
* Ensuring the competence of staff at the event to undertake their roles safely
* Checking all insurance documents, risk assessments and methods of work for contractors, stall holders, caterers etc (these documents may also be requested by your local authority)
* The Health, Safety and Welfare of all members of staff, contractors and members of the public attending the event
* Informing the Performing Rights Society if you have live music at your event

**Event Guidance document**

Refer to the Event Guidance document to help you fill in this document. The contents page of the Event Management Plan helps to direct you to the sections that will help you to complete this template, but should not be considered exhaustive as there is lots of other advice in the document depending on your event.

**Disclaimer**

This template is a guide only. It does not necessarily include all the information that may be relevant to the event. The local authority is not responsible for any lack of information not submitted with this application.

**Privacy Statement**

**Your personal information is required for administration** purposes. Your local authority is committed to protecting your privacy and fulfilling its obligations under UK data protection laws. The Local Authority may use this data in order to inform you of its activities and/or improve its services in relation to the subject matter only, but will not sell, rent, distribute or otherwise make your data commercially available to any third party, unless it is required to by a court order or to comply with other legal requirements.

**What happens to my information?**

Your event notification form, event management plan, site plan, risk assessment and public liability certificate will be sent to the Events Safety Advisory Group for review and any advice and guidance referred back to you. The Events Safety Advisory Group consists of representatives from various departments at your local authority, Kent Police, Kent Fire and Rescue, SECAMB, NHS & KCC Highways. Your information will not be passed on to any other party without your prior consent.

**Time Limits**

The time limit for submitting draft event documentation to the Safety Advisory Group is 14 weeks in advance of your event and all final event documentation 4 weeks in advance of your event. Any delays to these timescales may affect the advice and guidance given by the agencies listed above.

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| v. | *Please add as necessary* |  |

*Please type your answers into the white boxes*

**Event Organiser Details**

|  |  |
| --- | --- |
| **Name of event organiser** |  |
| **Organisation** |  |
| **Registered charity** | [ ]  Yes [ ]  No | If yes please provide number: |
| **Street Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **E-Mail Address** |  |
| **Contact Telephone Number on the day of event (if different from above)** |  |

1. **Event Overview**

**1.1a Event Details**

|  |  |
| --- | --- |
| **Event Name** |  |
| **Date(s) of event** | Start date |  | End date |  |
| **Proposed times of event** | Start time |  | End time |  |
| **Location of event**  |  |
| **Who owns the land?** | [ ]  Local Authority [ ]  Parish Council [ ]  KCC [ ]  Privately Owned[ ]  Other…………………………………………………………………………………………………………………………………………………………………………………………… |
| **Has the event taken place before?** | [ ]  Yes [ ]  No | If yes, please state when:      |

**1.1b Description of the event**

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| --- |
|  |

**1.2 Event Capacity Numbers**

|  |  |
| --- | --- |
| **What is the anticipated maximum number of people attending the event at any one time (include all staff and performers)?** |  |

**1.3 Event Construction/Itinerary – *a check list of what the event organiser needs to do prior to and on the day of the event.***

|  |
| --- |
| Timings of the event including set up and break down timings |
| **Date / Time** | **Action** |
|  |  |
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**1.4 Programme of Activities**

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| Programme of activities and the timings for the day, including any performances (e.g. the start and finish times of any musical performances) |
| **Time** | **Activity** |
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**1.5 Roles and Responsibilities on Event Day (s)**

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| --- |
| Brief description of the roles of event staff and their main responsibilities.There may be other roles that are not listed here that are applicable to the event, please list them accordingly. Please note: the role of stewards is covered in section 2.13 so there is no need to complete the role of stewards in this section |
| **Role** | **Responsibilities**  | **Name** | **Contact number** |
| Event Organiser  |  |  |  |
| Event Manager |  |  |  |
| Site Manager |  |  |  |
| Health &Safety Officer |  |  |  |
| Arena/stage Manager |  |  |  |
| Steward Coordinator  |  |  |  |
| Media Coordinator |  |  |  |
| Medical Coordinator |  |  |  |
| Welfare ofVulnerable persons |  |  |  |
| Other |  |  |  |

**1.6 Crowd Management**

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| --- |
| Details on how the crowd will be managed at the eventPlease note: the role of stewards is covered in **section 2.13** so there is no need to complete the role of stewards in this section |
| **1.6a Is the event ticketed? If yes, what arrangements are in place for this? *i.e. electronic, sold on day, sold before the event, ticket office on site*** |
|  |
| **1.6b Describe how capacity of attendees will be managed at the event?** |
|  |
| **1.6c Describe how access and egress of the crowd will be managed?** |
|  |

**1.7 Advertising**

|  |
| --- |
| **1.7a How and where will the event be advertised?** |
|  |
| **1.7b Will the media be in attendance and if so how will they be handled?** |
|  |
| **1.7c May the details supplied here be used for publicity purposes or given to interested parties?**  |
| 1. [ ]  Yes [ ]  No

 1. If yes, which name and contact details can we release?
 |
| **1.7d Would you like the borough council to advertise your event?** |
|  [ ]  Yes [ ]  No |

**2.** **Site Management**

**2.1 Contractor Management**

|  |
| --- |
| Details of any contractors that will be involved with the event, including contact details. i.e, stage builders, marquee builders, security etcEnsure that you check any safety documentation of contractors that are hired |
| **Company name** | **Company contact details** | **What are they providing/doing?** |
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**2.2 Traders** **/ Stall Holders**

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| **2.2a Details of any traders/commercial traders and charity stalls that will be at the event, please ensure that you check any safety documentation of traders** |
| **Name of Organisation**  | **Concession Type** |
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|  |  |
| **2.2b Sale of Alcohol**If you are selling alcohol at the event, please explain below how you will manage the sale of alcohol. Please note a Temporary Events Notice will be required, please **see 2.2c below** |
|  |
| **2.2c Temporary Events** **Notice****IMPORTANT NOTE:****Licensable activities at the event such as the sale and supply of alcohol, the provision of late night refreshments to the public and regulated entertainment may require a Temporary Event Notice (TEN). A Temporary Event Notice is a notification to the licensing authority that an individual intends to carry on licensable activities for a period not exceeding 168 hours.** **Please ensure that you have the necessary licences in place. See https://www.gov.uk/temporary-events-notice** |
| **2.2d Catering Requirements (Food, drink, water)** For **each** catering supplier/food stall that is attending the event, please provide the following information*: Please continue on a separate sheet where necessary.* |
| Name of Business  |  |
| Address of Business  |  |
| Contact Telephone number  |  |
| Name of local authority that they are registered with  |  |
| National food hygiene rating  |  |
|  |
| Name of Business  |  |
| Address of Business  |  |
| Contact Telephone number  |  |
| Name of local authority that they are registered with  |  |
| National food hygiene rating  |  |
|  |
| Name of Business  |  |
| Address of Business  |  |
| Contact Telephone number  |  |
| Name of local authority that they are registered with  |  |
| National food hygiene rating  |  |
|  |
| Name of Business  |  |
| Address of Business  |  |
| Contact Telephone number  |  |
| Name of local authority that they are registered with  |  |
| National food hygiene rating  |  |
|  |

**2.3 Fencing** **and/or barriers**

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| Describe any fencing and/or barriers at the event including the type and their location. Please provide a map if needed to show where these will go.Please ensure that you check any safety documentation of contractors that are hired. |
|  |

**2.4 Electricity****, Water, Gas Supply and Generators**

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| **2.4a Mains Electricity and water.** **-** Explain where these will be sourced and the processes in place to manage these. Please ensure that you check any safety documentation of contractors that are hired. |
|  |
| **2.4b Temporary Fuel and Power - Generators and LPG at the event.** Explain where these will be sourced and the processes in place to manage these, including the storage and management of fuel and other flammable liquids. Please ensure that you check any safety documentation of contractors that are hired and including contractors that are bringing generators to the event. |
|  |

**2.5 Temporary Structures**

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| List any temporary structures at the event and its location and how the safety of these structures will be managed. e.g. gazebos, marquees, staging, inflatables/bouncy castles.*Please ensure that you check any safety documentation of contractors that are hired and any necessary Construction Certificate is obtained after construction.* |
| **Temporary Structure** | **Location of temporary structure** |
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**2.6 Fire Safety**

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| Details of aspects relating to fire safety at the event. A Fire Risk Assessment may be required.*Please ensure that you check any safety documentation of contractors that are hired.* |
|  |

**2.7 Musical Entertainment**

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| Entertainment arranged for the event i.e. Live music with amplification and management of noise disturbance and potential complaints.**Important notes:*** Live music may require a Temporary Events Notice.
* It is **your** responsibility to inform the PPLPRS Limited ([www.](http://www.)pplprs.co.uk) if you are having live music at your event. There is one licence that covers PPL (Royalties for record companies and performers) and PRS (Royalties for songwriters, composers and publishers).
* Please ensure that you check any safety documentation of contractors that are hired.

*A noise management plan maybe required for a music event.* |
| **2.7a Arrangements made for minimising noise disruption at the event from live music**  |
|  |

**2.8 Attractions**

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| Attractions at the event e.g. inflatable’s/bouncy castles, funfair/children’s rides, fireworks, For these attractions make sure that you see a copy of the provider’s public liability insurance, risk assessment and method statement. The name of each ride and their corresponding ADIPS number (Amusement Device Inspection Protection Scheme) is requiredPlease ensure that you check any safety documentation of contractors that are hired for example;**ADIPS** - [Amusement Devices Inspection Procedures Scheme](http://www.adips.co.uk/) **PIPA** is an inspection scheme set up by the inflatable play industry to ensure that inflatable equipment conforms to recognised safety standards.**DOC Certificate** - Declaration of Conformity |
| **Name, address and telephone number of organisation**  | **Attraction name** | **ADIPS number, PIPPA or Doc certificate (if applicable)** |
|  |  |  |
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**2.9 Medical and First Aid Cover**

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| **2.9a Has a Medical, Ambulance and First-Aid resource assessment been completed which complies with the requirements of the Purple Guide? Please provide a copy of this.** |
|  |
| **2.9b Has a Medical Plan been completed which complies with the requirements of the Purple Guide? Please provide a copy of this.** |
|  |
| **2.9c Name of the organisation providing your event with Medical/First Aid provision.***Please note - a person holding a* ***Health and Safety at Work, or a three day at Work Certificate does not qualify*** *a person as competent to administer first aid to the public at events (as specified in the Purple Guide)* |
|  |
| **2.9d Please list medical equipment on site (e.g. Debfibrillator)** |
|  |
| **2.9e If the event has taken place previously please provide a copy of the event medical report as specific in the Purple Guide.** |
|  |
| **2.9f If the medical assessment identifies the need for an ambulance please provide the Care Quality Commission registration number as per the Purple Guide.** |
|  |
| **2.9g Please provide a map or plan of the site which complies with the Purple Guide.** |
|  |
| **2.9h Please provide details of the medical services communication plan as described in the Purple Guide.** |
|  |
| **2.9i If assessed as required please provide a copy of the Handover of Responsibility document as described in the Purple Guide.** |
|  |
| **2.9j Has the medical assessment taken into consideration the impact of severe weather events?** |
|  |
| **2.9k State where the site is that has been identified for HEMs should a Helicopter be required to carry out patients.** |
|  |

**2.10 Public Health and Welfare**

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| **2.10a Toilet Facilities**Sanitary arrangements, including: number, ratio of male to female and disabled, location, maintenance. *(Please bear in mind the opening times of public facilities. There may be a charge if toilets are required outside normal opening times (check with your local authority). If inadequate provisions are available this can lead to a risk of a disruption to public order and safety)* |
|  |
| **2.10b Waste Disposal**Arrangements for waste disposal, rubbish bins and litter collection at the event.*(As you the event organiser you are responsible for arranging the disposal of waste. Any trade waste must be removed by a registered trade waste contractor. The local authority is NOT responsible for arranging waste disposal at your event.* ) |
|  |
| **2.10c Noise Management** Arrangements made for minimising noise disruption at the event, ie, generators, crowds, vehicles etc but not including live music **see 2.7.** |
|  |
| **2.10d Control of Illegal Substances**Measures in place to protect the public from the potential harms and risks of all types of drugs. |
|  |

**2.11 Event Accessibility** **/ Disabled Access**

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| **Arrangement for disabled access.** *e.g. Accessible toilets provided, Accessible parking, Ramped access* |
|  |

**2.12 Security, Steward** **and Marshal Management**

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| --- |
| **2.12a Roles and responsibilities? i.e. Traffic Management, event marshalling, car park** |
|  |
| **2.12b Locations of staff and reason** |
| **Location** | **Reason for location** |
|  |  |
|  |  |
|  |  |
|  |  |
| **2.12c Details of provider**, *e.g. Security Industry Authority (SIA) qualified security staff, voluntary. (Names not required)* |
|  |
| **2.12d How staff will be visually identified** e.g. *Hi Vis, uniform, armbands*  |
|  |
| **2.12e Training received** |
|  |
| **2.12f Briefing given before the event***(Include a copy of the information that will be given to Stewards, a briefing document)* |
|  |
| **2.12g Communication with the event team on the day of the event.** |
|  |
| **2.12h** **Site security arrangements for pre, during and after the event.** |
|  |
| **2.12i Welfare arrangements for the staff – ie. Breaks, rotation of staff, water, rest times etc.** |
|  |

**3. Incident Management**

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| **IMPORTANT NOTE:** **Do not assume that the emergency services will attend the event other than in a response to an emergency.** **DO NOT refer to the Emergency Services throughout this document to provide support to any element of the event other than in an emergency. *Your first port of call would be your contingency plans for this event. Your contingency plan should be sufficient to deal with minor contingencies.*** |

**3.1** **Lost or found child or vulnerable person**

|  |
| --- |
| **3.1a Procedure for dealing with a lost or found child or vulnerable person** |
|  |
| **3.1b Designated person in charge** |
|  |
| **3.1c Rendezvous point** |
|   |
| **3.1d Announcements to be made** *(It is advisable to have announcements scripted before the event for use on the day)* |
|  |

**3.2 Incident Reporting and Investigation**

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| --- |
| **System in place for reporting and recording accidents and incidents at the event** |
|  |

**3.3 Communication with the Public**

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| --- |
| **Communication with members of the public in the case of an emergency.** *(It is advisable to have emergency messages scripted before the event for use on the day)*  |
|  |

**3.4 Contingency Plan**

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| --- |
| **IMPORTANT NOTE:****Procedures need to be in place so that emergencies can be dealt with responsibly until the emergency services arrive. It is the responsibility of the Event Manager/Organiser to manage the emergency procedure until this point.** **It is important that you set out your procedures carefully and brief all event staff, contractors and volunteers so that they are clear and widely understood.** **In this situation we would advise that decisions are clearly recorded, including who took them, what time they were taken, and why it was taken.**  |
| **EMERGENCY PLAN FOR THE EVENT*****It is your responsibility under Health and Safety, and the practice of a Risk Assessment, to consider the ‘what if’s’ at the event (i.e. contingency planning).*** |
| ***Contingency plans for situations, such as:******Need for evacuation, fire, power failure, collapse of a temporary structure, road traffic collision, medical emergency, fatality, adverse weather conditions, key location becomes unavailable, cancellation prior to or during, terrorist attack.*** |
| ***This is not an exhaustive list and the specific nature of your event will suggest others.*** |
| **3.4a Person responsible for determining that an incident is now an emergency and will take responsibility for decisions until the emergency services arrive and take control.**  |
|  |
| **3.4b Person responsible for reporting this to the emergency services** |
| **Name** | **Role** | **Contact Number** |
|  |  |  |
| **3.4c Systems in place to contact the emergency services** |
|  |
| **3.4d Person responsible to liaise with the emergency services when they get to the site** |
| **Name** | **Role** | **Contact Number** |
|  |  |  |
| **3.4e Entrance/access points for the emergency services to use that are safe and can be kept clear of crowds.** |
|  |
| **3.4f** **Person responsible for crowd control during an emergency?**  |
|  |
| **3.4g Evacuation procedure** *(What steps would you take)* |
|  |
| **3.4h Communication of evacuation procedure to the public** |
|  |
| **3.4i Emergency signage to be used** *(e.g. emergency exit signs)* |
|  |

**3.4j Emergency Incident -** *If you have an incident at your event, use these tools below to help you report the incident to the emergency services.*

|  |
| --- |
| **Use the METHANE method below to describe the situation to the emergency services when something happens.** |
| **M -** Major Emergency  | Assess situation |  |
| **E -** Exact Location | Exact location? How widespread? |  |
| **T -** Type of Incident  | Cause? What do we need to respond to? |  |
| **H -** Hazards | What might others need to know? |  |
| **A -** Access | Approved route? Rendezvous point? |  |
| **N -** Number of casualties | Injured & non-injured. How many? Where?  |  |
| **E -** Emergency Services  | Who has attended? What information has been provided? |  |

**Unattended Items / Suspicious Items**

When assessing whether an item may be an unattended bag or something more sinister, use the following guidance:

|  |  |  |
| --- | --- | --- |
| **H -** Hidden Deliberately | Has it been put somewhere in an attempt to hide it? |  |
| **O -** Obviously Suspicious | Does it look like a device? |  |
| **T -** Typical of an item at your location | If you’re at a concert, for instance, is it a rucksack or something someone may have left. |  |

Chances are if you have answered NO to the questions above, it isn’t suspicious. Ask around to see if anyone noticed who put it there.

If there is a chance it may be suspicious, use the following as guidance:

|  |  |  |
| --- | --- | --- |
| **C -** Confirm | Confirm with Senior Event Staff your actions  |  |
| **C -** Clear | Clear people away from the immediate area and await instruction. |  |
| **C -** Communicate | Communicate your actions with Senior Event Staff. |  |
| **C -** Control | Control access to the immediate area and await instructions |  |

**Suspicious Incident**

Record the following if you witness a suspicious incident and report to the Police and/or Senior Event Staff immediately.

|  |  |  |
| --- | --- | --- |
| **S** – Situation | Who or what you have seen, including descriptions. |  |
| **A** – Activity | What activity are you witnessing |  |
| **L** – Location | Exactly where is it occurring? |  |
| **U** – Unit | Who made the observation, was it you or a member of the public. |  |
| **T** – Time | What date and time/time of day, try and be specific. |  |
| **E** – Equipment | Are they using a camera, noted pad, video etc. |  |

Remember and record any other descriptive details or important information.

If it is an emergency or you suspect that the activity will cause immediate danger to people or property then contact Senior Event Staff or call 999 immediately.

If there is suspicious activity you would like to report, you can also call Anti-Terrorist Hotline 0800 789 321

**4.** **Traffic Management Plan**

**4.1 Traffic Management**

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| --- |
| **4.1a Is the event taking place on or off the Highway?** |
| [ ]  On the Highway [ ]  Off the Highway |
| **4.1b The best route for traffic to take in order to get to the event.** *(Please state how will this be communicated)* |
|  |
| **4.1c What is the best and safest route for traffic to exit the event?** *(Please state how this will be communicated)* |
|  |
| **4.1d In the interest of pedestrian safety, how will pedestrians interact with vehicle movement** (*Please include information about how they will cross open roads safely)* |
|  |
| **4.1e Liaison with local residents and businesses about the impact to local roads.**  |
| **Action taken** | **When** | **Where** |
|  |  |  |
|  |  |  |
|  |  |  |
| **4.1f Method and management of entry and exit to the event without causing an obstruction.**  |
|  |
| **4.1g Impact the event will have on public transport.**(*Have you informed your local bus/rail/taxi company)* |
|  |
| **4.1h Are you requesting any parking suspensions as part of the event?****If yes, please complete the information below. (Please note: there maybe a charge for this)***(If you do not include ALL of this information your request cannot be considered)*  |
| Location (street name/car park)  |  |
| Number of spaces  |  |
| Intended use for the parking spaces |  |
| Start time of suspension |  |
| End time of suspension |  |
| **If the answer to this is none, please explain below why you think there will be no impact on parking, access or traffic flow. As the organiser you are responsible for ensuring there is none/minimal impact to traffic.**  |
|  |
| **4.1i If you are providing off-road parking, please complete the information below:** *(Please note: any parking areas must be staffed at all times. You may be asked to provide a parking plan)* |
| Location |  |
| Number of spaces |  |
| How will the area be managed?  |  |
| **If the answer to this is none, please explain why you think there will be no impact on parking, access or traffic flow. As the organiser you are responsible for ensuring there is none/minimal impact to traffic.** |
|  |

**4.2 Road Closures**

If your road closure request is granted under the Town Police Clause Act, your **district council** will produce the road closure order. This may involve a charge. Speak to your local authority for more information.

If made under the provisions of the Road Traffic Regulation Act 1984 the road closure notices will be produced by **KCC Highways**. This may involve a charge.

|  |
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| **IMPORTANT NOTE:****Before a road closure can be considered the following documents MUST be submitted to your local authority along with this plan and approved by KCC Highways Authority:** * **A copy of valid Public Liability Insurance (£5 million minimum)**
* **Health and Safety Risk Assessments**
* **Signage Schedule Map and indication of where signs will go**
* **Plan of diversion route (if applicable)**

**Please note KCC Highways require a minimum of 12 weeks’ notice of any road closures for coordination purposes.**  |
| **4.2a Are you applying for a road closure as part of your event?** |
| [ ]  Yes [ ]  No *- If no, please continue to the Appendices section* |
| **4.2b List ALL roads that you wish to close for your event below, *please include a map*.** |
|  |
| **4.2c Duration of the closure? Please be realistic with timings.**  |
|  |
| **4.2d Details of diversion route. Please provide details of the route here.**  *A diversion plan will need to be submitted to your local authority.* |
|  |
| **4.2e Which local authority and what legislation is your road closure being considered or granted?** |
| District Council - Town Police clauses act 1847 – [ ]  Kent County Council – Temporary obstruction or Road Traffic Act 1988 – [ ]   |
| **4.2f Who is providing your signage for the road closure?** **If you are using a signage contractor, please provide their details here.***Please ensure you check their public liability insurance. A copy of the signage schedule produced by the contractor must be provided to the local authority.***If you are providing signage yourself, please use the signage schedule below and a Health and Safety risk assessment for working on the highway.** |
|  |

**4.2g Signing Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **Example Signs**  | **Example****Signs**  | **Example****Sign**  | **Example Signs**  | **Information** |
| **Instructions: Add locations & copy and paste the types of signs to be used in the relevant box below. Some are added already for your use.** | Road closed 3 | Road closed 2 | divert 7diversion 4 divertdiversion 3 diversion 5diverted traffic 2 | Advance Notice*Remembrance Sunday*Road Closed |  |
| **Location** | **Sign** | **Sign** | **Sign**  | **Signs**  | **Information** |
|  |  |  |  | Advance NoticeAdd event titleRoad Closed | Sign placed on *add date*  |
|  | Road closed 3 |  |  |  | Road closed sign placed from \_\_\_\_hrs to \_\_\_\_hrs. |
|  | Road closed 3 |  |  |  | Road closed sign placed from \_\_\_\_hrs to \_\_\_\_hrs. |
|  | Road closed 3 |  |  |  | Road closed sign placed from \_\_\_\_hrs to \_\_\_\_hrs. |
|  | Road closed 3 |  |  |  | Road closed sign placed from \_\_\_\_hrs to \_\_\_\_hrs. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  | *To add more rows click in this box and press the tab key on your keyboard* |

**Appendices –** *please make sure you have included these appendices, as relevant*

**i. Location and Site Map**

Please provide a location and site map of the event site

**ii. Risk Assessment**

Please complete an event specific risk assessment including a fire risk assessment

**iii. Public Liability Insurance**

Please provide a copy of your public liability insurance certificate (for a minimum of £5 million)

**iiii. Road Closure Documents**

* A copy of valid Public Liability Insurance (£5 million minimum)
* Health and Safety Risk Assessments including reference to risks on the Highway
* Map of road closure and indication of where signs will go
* Plan of diversion route (if applicable)