*Address any query regarding this form to the Health, Safety and Wellbeing team through the* [*Workday system*](https://wd3.myworkday.com/federation/d/home.htmld)

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| 1. **Event Details** | | | | | | | | | | | | | |
|  | *Name of Event Organiser* | | | |  | | *Name of Event Manager* | | | | | |  |
|  | Click here to enter text. | | | |  | | Click here to enter text. | | | | | |  |
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|  | *Institute/Directorate/Organisation* | | | | | | | | | | | |  |
|  | Click here to enter text. | | | | | | | | | | | |  |
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|  | *If Not a Federation Staff Member, Provide Contact Details* | | | | | | | | | | | |  |
|  | Click here to enter text. | | | | | | | | | | | |  |
|  | *Full Description of Event* | | | | | | | | | | | |  |
|  | Click here to enter text. | | | | | | | | | | | |  |
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|  | *Expected Number of Participants* | | | | | | | | | | | |  |
|  | 1 – 50 | |  | 51 – 100 |  | | 101 – 200 | | | |  | 201 or more |  |
|  |  | | | |  | |  | | | | | |  |
|  | *Start Date of Event* |  | | *Start Time* | |  | | *Finish Date* | | |  | *Finish Time* |  |
|  | Click here to enter a date. | |  | Click here to enter text. |  | | Click here to enter a date. | | | |  | Click here to enter text. |  |
|  |  | | | | | | | |  |  | | |  |
|  | Berwick  Camp Street  Gippsland  Mt Helen  SMB  Wimmera  Other (specify: Click here to enter text.) | | | | | | | | | | | |  |
|  |  | | | | | | | |  |  | | |  |
|  | *Precise Location/Venue of Event* | | | | | | | | | | | |  |
|  | Click here to enter text. | | | | | | | | | | | |  |
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| 1. **Facilities** | | | | | | | | | | | | | |
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|  | *If “Yes” to any of the items below,* ***contact Property and Infrastructure at least 10 working days prior to the event*** | | | | | | | | | | | |  |
|  | 1. Induction of contractors or external service providers required.  No  Yes 2. Access to power points required for electrical equipment, appliances, etc.  No  Yes 3. Doors (external or internal) need to be accessed after hours for this event  No  Yes 4. Assistance required to set up or pack up event equipment, furniture, etc.  No  Yes 5. Signage required to help direct participants to the event venue, parking, etc.  No  Yes 6. Cleaners required during or after the event  No  Yes   Additional requirements or comments:  Click here to enter text. | | | | | | | | | | | |  |
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| 1. **IT Services** | | | | | | | | | | | | | |
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|  | *If requiring assistance to set up audio-visual equipment , video-conference, Teams or Skype call, or any other electronic equipment for the event,* ***contact IT Services at least 10 working days prior to it.*** | | | | | | | | | | | |  |
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| 1. **Security and Protocol** | | | | |
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|  | *If “Yes” to any of the following risks,* ***contact the Security Supervisor at least 10 working days prior to the event*** | | |  |
|  | 1. Alcohol will be served/consumed at the event  No  Yes 2. Illicit drugs may be introduced into the event venue  No  Yes 3. [Weapons or dangerous articles](http://federation.edu.au/__data/assets/pdf_file/0016/321631/Weapons_Guideline.pdf) may be present at the event  No  Yes 4. Event is likely to attract media attention  No  Yes 5. Participants may include VIPs, politicians, senior officials or celebrities  No  Yes 6. Nature of event or identity of participants may be controversial  No  Yes 7. Event may disturb neighbours  No  Yes 8. Persons under the age of 18 may be present at the event  No  Yes 9. Crowd controllers will be required  No  Yes 10. Security Officer(s) will be required to manage vehicle traffic and/or parking  No  Yes 11. Security Officer(s) will be required for other reasons (specify below)  No  Yes   Any other foreseeable security risk:  Click here to enter text. | | |  |
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| 1. **Health and Safety** | | | | |
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|  | *If “Yes” to any of the following risks,* ***contact the OHS Coordinator at least 10 working days prior to the event*** | | |  |
|  | 1. Mixed pedestrian and vehicle traffic  No  Yes 2. Hazardous equipment (e.g. amusement rides, inflatable structures, etc.)  No  Yes 3. Hazardous electrical equipment or installations  No  Yes 4. Hazardous machinery (e.g. lifting equipment, heavy plant)  No  Yes 5. Hazardous chemicals (e.g. pyrotechnics, dry ice, ‘smoke machine’, etc.)  No  Yes 6. Open flames  No  Yes 7. Hazardous physical activities (e.g. contact sports, access to heights, etc.)  No  Yes 8. Hazardous noise levels  No  Yes 9. Possibility of drowning  No  Yes 10. Extremes of temperature or weather events  No  Yes 11. Other natural risks (e.g. falling branches, animals, etc.)  No  Yes 12. Activities generating heat or smoke indoors  No  Yes 13. Participants with special needs (access, medical, behavioural, etc.)  No  Yes 14. Inadequate first aid/emergency planning (e.g. trained staff, procedures, etc.)  No  Yes   Any other foreseeable health and safety risk:  Click here to enter text. | | |  |
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| 1. **Approval** *(Event Manager)* | | | | | | | | | |
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|  | *Name of Event Manager* | | | | | | | |  |
|  | Click here to enter text. | | | | | | | |  |
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|  | I have reviewed the details of the proposed event and all associated documents, and I confirm that:  Risks relating to security, health or safety have been identified, assessed and controlled as far as reasonably practicable  A Traffic Management Plan:  is required and has been submitted (attached)  is not required  Vehicle parking considerations have been adequately addressed  An Emergency Management Plan:  is required and has been submitted (attached)  is not required  Consultation with all relevant stakeholders, which may include any of those listed below, has taken place appropriately: | | | | | | | |  |
|  | Disability Services  Property and Infrastructure  Legal | | | | | | Public Relations and Marketing  Health, Safety and Wellbeing/Security  IT Services | |  |
|  | I therefore approve the conduct of the event. | | | | | | | |  |
|  | If additional Security Staff are required as part of this approval, I allow associated costs to be charged against the following account code 🡪 | | | | Click here to enter text. | | | |  |
|  |  | | | | |  | |  |  |
|  | *Date* |  | | *Signature of Event Manager (print this form and hand-write your signature below)* | | | | |  |
|  | Click here to enter a date. | |  |  | | | | |  |
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*Keep original of this form in Institute/Directorate/Centre files, and send copies to:*

*(a)* [*Health, Safety and Wellbeing via Workday*](https://wd3.myworkday.com/federation/d/home.htmld)

*(b)* [*Property and Infrastructure*](mailto:propertyinfrastructure@federation.edu.au)