

Horowhenua Emergency Management Committee



Horowhenua District Council
126-148 Oxford, Levin
Private Bag 4002, Levin
Email enquiries@horowhenua.govt.nz
Telephone 06 366 0999
Fax 06 366 0977

TO: The Organiser(s)

The Horowhenua Emergency Management Committee comprises local emergency services, Council and support agencies. The Committee has a statutory responsibility to manage the hazards in our community.

Events such as yours are a vital part of the fabric of our community and the Committee acknowledges your efforts.

Any time there is a group of people together there is an inherent increase in risk. To help us understand and plan for any increased hazards created by your event, and give us the opportunity to pass on any useful tips we have gained through our experience, please complete and return the **attached** Event Notification Form.

If you would like some assistance completing the form, or have any questions regarding safety at your event, please contact us:

Horowhenua District Council Phone 06 366 0999

Traffic Management: Sporting and non-commercial groups can apply to the Manawatu Events Equipment Trust for assistance with a traffic management plan and the hire of traffic management equipment at a nominal cost.

Contact: Manawatu Events Equipment Trust, C/- Phil Pirie, PO Box 10050, Palmerston North
Phone/Fax 06 357 5383 Email ppirie@clear.net.nz

Office Use only

Original document received by _____
(Name of organisation)

On/...../.....

Sent:

- | | |
|--|--|
| <input type="checkbox"/> Police | <input type="checkbox"/> Electra |
| <input type="checkbox"/> Fire Service | <input type="checkbox"/> MidCentral Health |
| <input type="checkbox"/> St John Ambulance | <input type="checkbox"/> Horowhenua District Council |
| <input type="checkbox"/> | <input type="checkbox"/> |

Representing emergency management in Horowhenua on behalf of New Zealand Police, New Zealand Fire Service, The Order of St John, Horowhenua District Council, MidCentral Health, Lifelines (electricity and gas) and local media

**HOROWHENUA EMERGENCY MANAGEMENT COMMITTEE
EVENT NOTIFICATION FORM**

PART A: ORGANISATION DETAILS

POSTAL ADDRESS: _____

STREET ADDRESS: _____

PHONE NUMBER: BUS _____ HOME _____ MOBILE _____

FAX _____ EMAIL _____

ORGANISER

POSTAL ADDRESS: _____

STREET ADDRESS: _____

PHONE NUMBER: BUS _____ HOME _____ MOBILE _____

FAX _____ EMAIL _____

CONTACT PERSON ON THE DAY

PHONE NUMBER: BUS _____ HOME _____ MOBILE _____

PART B: ACTIVITY DETAILS:

Activity name: _____

Location: _____

Date: _____

Raindate: _____

Purpose of activity: _____

Number of people attending: Please attach any advertising material and/or details supporting this information, and an estimate of number of people attending.

USE OF VENUE AND/OR SITE

Setup prior to event: Date _____ Time _____ Set up on the date: _____ Time _____

Start time of activities on the day: _____ Finished time of activities on the day: _____

Pack down on the day: Time _____ Packdown after the event: Date: _____ Time: _____
(Includes cleaning up and dismantling of equipment)

WATER Supply required?

ﻓ Yes ﻓ No ﻓ N/A

What are you providing? Please supply details

PARKING Special parking needs required?

ﻓ Yes ﻓ No ﻓ N/A

Details of your arrangements

SECURITY (Crowd Control, Security of property and vehicles etc.)

ﻓ Yes ﻓ No ﻓ N/A

Contact Name & Telephone Number: _____

Details of your arrangements

PUBLIC LIABILITY INSURANCE *Provide proof of your instance (copy attached)* ﻓ Yes ﻓ No ﻓ N/A

COMPANY: _____ AMOUNT: _____ EXPIRY DATE: _____

COMMENTS: *(Including any relevant exclusions)* _____

TRAFFIC MANAGEMENT PLAN

ﻓ Yes ﻓ No ﻓ N/A

Note: Traffic Management Plans are required for ALL events and activities carried out on any road reserve. These need to be prepared by qualified Site Traffic Management Supervisors (STMS) and forwarded to Council and/or State Highway Road Controlling Authority for approval.

* Marshals (Please indicate on your plan the location of your marshals). Marshals cannot control traffic unless they are qualified traffic controllers.

Number of marshals: _____

Role of marshals' _____

FIRST AID ARRANGEMENTS

- Made ﻓ Yes ﻓ No ﻓ N/A
- Provided by _____
- Contact Name & Telephone Number _____

REGULATORY LICENCES

For a **Department of Labour Certificate** contact **Occupational Safety and Health**

Note: This is required for display of fireworks, scaffolding and amusement devices.

Yes No N/A

For the following licences contact the Horowhenua District Council, phone 06 949 4949, or the agency indicated

Trading Licence (Required for sale of any goods, services, collecting money etc)	Yes No N/A - Council
Building Permits (Required for the placement of temporary buildings) e.g. marquees, stages, scaffolding, structures)	Yes No N/A - Council
Liquor Licence (Required for sale and/or supply of liquor)	Yes No N/A - Council
Food/Health Licence (Information attached)	Yes No N/A - Council
Amusement Device Licence	Yes No N/A - Dept of Labour
Fire Permit	Yes No N/A - Council
Evacuation Scheme (www.fire.org.nz)	Yes No N/A - Fire Service
Dangerous Goods	Yes No N/A - Council
Fireworks Display Permit	Yes No N/A - Dept of Labour
Road closures	Yes No N/A - Council

PART D: ADDITIONAL INFORMATION REQUIREMENTS

ROAD CLOSURE REQUIRED? Yes No N/A

STREET ACTIVITIES

If this event requires a road closure, have you applied to the Horowhenua District Council

Yes No N/A

Name of road(s)/section of road(s) requiring closure: (eg Queen Street between xyz and zxy)
Time of Closure(s)

Reason for closure:

Details of traffic control you will provide:

SPORTING ACTIVITIES

Course Description (ie swim, run, cycle routes) and Times:

PARADE/MARCH DETAILS

ASSEMBLY AREA/TIME:

START TIME:

PROPOSED ROUTE:

DISPERSAL AREA/FINISH TIME:

PACKDOWN TOWN: *(Includes clean up & dismantling of equipment)*

NUMBER/TYPE OF VEHICLES:

NUMBER/TYPE OF FLOATS:

OTHER: *(eg livestock)*

NUMBER OF PEOPLE PARTICIPATING

Privacy Act 1993

The information collected is to assist in the effective facilitation of your event. It may be distributed to Horowhenua District Council departments, external agencies and the emergency services, for this purpose.

Upon completion of this notification form, please sign below.

Signature: _____ Date: _____

Please send your completed Event Notification Form to:

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