

STANDARD EVENT PLAN TEMPLATE

NOTE: * The purpose of this template is to serve as a guideline only and can be used if you don't have your own
The nature of your event may require additional event planning sections.

THE SOUTH AFRICAN NATIONAL STANDARDS 10366 (STANDARD FOR EVENTS) CAN BE USED AS A REFERENCE

Link: <https://ia802908.us.archive.org/23/items/za.sans.10366.2012/za.sans.10366.2012.html>

IMPORTANT CONTACT NUMBERS:

KOUGA MUNICIPALITY	042 200 2200
KOUGA FIRE & DISASTER MANAGEMENT	042 291 0250 OR 112
METRO AMBULANCE SERVICES	042 291 0020 OR 10177
HUMANSDORP HOSPITAL	042 295 1100

SECTION A: EVENT DETAILS

NAME OF EVENT	
DATES & TIMES <i>For each day</i>	
EVENT VENUE ADDRESS	

TYPE OF EVENT *Please Tick the Relevant Box*

Sports/Action	<input type="checkbox"/>	Launch/ Exhibition	<input type="checkbox"/>
Concert/Music Festival	<input type="checkbox"/>	Corporate/Private Party	<input type="checkbox"/>
Charity Fundraiser/Run/Walk	<input type="checkbox"/>	Night Market /Switch on of Festive Lights	<input type="checkbox"/>
Carnival	<input type="checkbox"/>	Religious Festival/ Event	<input type="checkbox"/>
Fete, School Carnival, etc.	<input type="checkbox"/>	Cultural/Minstrel Events	<input type="checkbox"/>
Weddings/ Birthdays, etc.	<input type="checkbox"/>	Fireworks/ Pyrotechnic Displays	<input type="checkbox"/>
Ceremonial Event/Annual ritual	<input type="checkbox"/>	CCT Corporate Event	<input type="checkbox"/>
Market (Occasional)	<input type="checkbox"/>		<input type="checkbox"/>

Other		
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VENUE CAPACITY	INDOORS <i>(indicate size):</i>	OUTDOORS <i>(indicate size):</i>
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DESCRIPTION OF EVENT

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

AMOUNT OF PEOPLE EXPECTED

PARTICIPANTS		SPECTATORS		EVENT TEAM & VOLUNTEERS	
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EVENT LIABILITY: YES _____ / NO _____

(Attach liability insurance letter as proof)

DETAILED EVENT PROGRAMME REQUIRED: YES _____ / NO _____

(Please attached as an annexure)

SECTION B: EVENT ORGANISER & SAFETY OFFICER

1. EVENT ORGANISER *(Attach appointment letter if appointed by organization/company)*

NAME AND SURNAME	
ORGANISATION/COMPANY	
MOBILE CONTACT NUMBER	
DESIGNATION	
EMAIL ADDRESS	

2. SAFETY OFFICER *(Attach appointment letter and proof of certification)*

**** Please Note: Certification of Safety Officer is a requirement.**

NAME AND SURNAME	
MOBILE CONTACT NUMBER	
EMAIL ADDRESS	

SECTION C: RISK ASSESSMENT

1. SASREA SECTION 6 (3) SAPS APPLICATION: YES ____ / NO ____

(Attach SASREA Section 6 (3) Risk Assessment letter or submit the application form and proof of submission to SAPS Bisho at Ecprov.major.events@saps.gov.za)

LOW	
MEDIUM	
HIGH	

2. DID YOU CONDUCT YOUR OWN RISK ASSESSMENT OF THE EVENT: YES ____ / NO ____

(Attach your own Risk Assessment Report)

SECTION D: EVENT SITE LAYOUT/MAP

Must be a site layout drawing/sketch. Google Earth Map can be submitted as an additional supporting document

SECTION E: EMERGENCY MANAGEMENT PLAN

1. PRIVATE AMBULANCES SERVICES *(Attach appointment letter as proof)*

COMPANY NAME	
CONTACT PERSON	
MOBILE CONTACT NUMBER	
EMAIL ADDRESS	
NUMBER OF ONSITE EMS STAFF	

2. COVID-19 EVENT PLAN *(If Covid-19 Restrictions Are In Place)*

****Please Note: COVID-19 protocols according to the Disaster Management Act and Current Alert Level in place.**

COMPLIANCE OFFICER *(Attach appointment letter and certification)*

NAME AND SURNAME	
MOBILE CONTACT NUMBER	
EMAIL ADDRESS	

3. EMERGENCY MEDICAL PLAN *((please attach as an annexure))*

**** PLEASE NOTE**

Number of onsite EMS staff and certifications, etc

4. EMERGENCY EVACUATION PLAN *(please attach as an annexure)*

**** PLEASE NOTE**

A sketched layout is preferred to clearly detail the evacuation plan.

5. VENUE FIRE & SAFETY EQUIPMENT ON SITE *(Please indicate below)*

EXTINGUISHERS		HOSE REELS		EMERGENCY EXITS <i>(indicate on site layout/map)</i>	
FIRE HYDRANTS		FIRE ALARM		PERMANENT VENUE POPULATION CERTIFICATE	
				TEMPORARY VENUE OR STRUCTURE POPULATION CERTIFICATE OBTAINED FOR EVENT	

6. EVENT COMMUNICATION PLAN: *(please attach as an annexure)*

**** PLEASE NOTE**

Clear and identifiable warning signage, alternative routes, etc.

7. WILL YOU USE A TENT/S OR ANY OTHER TEMPORARY STRUCTURES: YES _____ / NO _____ *(if yes, please obtain a structural certificate from registered engineer once erected)*

TYPE OF STRUCTURE	SIZE, CAPACITY & DESCRIPTION

**** PLEASE NOTE**

- 1. A tent is a temporary structure therefore a structural certificate must be issued by a structural engineer.**
- 2. As per Regulation please note provision must be made for 1 person per square in the tent and this excludes all other structures or objects in your tent.**

SECTION F: SAFETY & SECURITY PLAN

1. EVENT SECURITY *(Attach appointment letter and registration)*

COMPANY NAME	
CONTACT PERSON	
MOBILE CONTACT NUMBER	
EMAIL ADDRESS	
NUMBER OF ONSITE SECURITY STAFF	

2. CROWD MANAGEMENT PLAN *(please attach as an annexure)*

**** PLEASE NOTE**

This is proactive safety measures in place, number of onsite Security staff and certifications, access control, etc.

3. CROWD CONTROL PLAN *(please attach as an annexure)*

**** PLEASE NOTE**

This is reactive safety measures to implement in the case of an emergency, etc.

SECTION G: TRAFFIC AND TRANSPORTATION PLAN

1. TRAFFIC SERVICES OR MARSHALLS *(please attach as an annexure)*

DO YOU NEED TRAFFIC ASSISTANCE:

YES _____ / NO _____

HAVE YOU SUBMITTED YOUR TRAFFIC PLAN TO KLM TRAFFIC DEPARTMENT FOR APPROVAL:

YES _____ / NO _____

KLM TRAFFIC DEP CONTACT PERSON	
MOBILE CONTACT NUMBER	
EMAIL ADDRESS	

DO YOU REQUIRE ROAD CLOSURE/S: YES _____ / NO _____

ROAD CLOSURE DETAILS

2. ROUTE PLAN *(please attach as an annexure)*

**** PLEASE NOTE**

If the event takes place along public and/or private roads a route plan must be submitted.

SECTION H: HEALTH PLAN

1. FOOD STALLS & CATERING PLAN

****PLEASE NOTE THE FOLLOWING DOCUMENTATION IS REQUIRED FOR APPROVAL:**

1. Certificate of Acceptability (COA) for each.
2. Attach the gas certificate for each using gas.
3. Attach waste management plan for each food vendor.

Please attach them as annexures or submit them at least 10 working days before the event date.

LIST OF FOOD VENDORS OR CATERERS *(Please tick if attached. If the list is too long, please add it as an annexure)*

NAME	COA	GAS CERTIFICATE	WASTE MANAGEMENT PLAN

Food Vendors or Caterers with gas	
Food Vendors or Caterers without gas	

2. WASTE MANAGEMENT PLAN
(Attach the plan as an annexure and the appointment letter if an external company is appointed)

3. ABLUTION PLAN

**** PLEASE NOTE**
THE ABLUTION FACILITIES MUST BE AS PER THE SOUTH AFRICAN NATIONAL STANDARDS 10366 (STANDARD FOR EVENTS)

Please see Section 20.1 of SANS 10366: Sanitary facilities for attendees as a guide.

4. ENVIRONMENTAL PROTECTION PLAN *(please attach as an annexure)*

EVENT PLAN SIGNED BY ORGANIZER:

NAME & SURNAME	SIGNATURE	DATE

EVENT PLAN SIGNED BY SAFETY OFFICER:

NAME & SURNAME	SIGNATURE	DATE