

OFFICE USE ONLY

|  |  |
| --- | --- |
| APPROVED BY |  |
| DATE |  |
| APPROVAL  CONDITIONS |  |

OFFICE USE ONLY

|  |  |
| --- | --- |
| REF NO |  |
| HARBOUR |  |
| HARBOUR MASTER |  |

### Roads & Transportation Services

STRUCTURAL SERVICES

# APPLICATION FOR THE USE OF HARBOUR AREAS

This application must be lodged **at least 6 weeks prior to the date** of the proposed event to:

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|  |  |
| --- | --- |
| **Events Team**  Communities and Corporate Development Service  3rd Floor Main, Fife House  North Street  Glenrothes, Fife  KY7 5LT | **CONTACT DETAILS:**  03451 555555 Ext 440241  or email: [fifeevents@fife.gov.uk](mailto:fifeevents@fife.gov.uk) |

RENTAL CHARGES AND A £110+VAT CONTRIBUTION TOWARDS ADMIN FEES - A REDUCED FEE OF £55 + VAT FOR REGISTERED CHARITIES APPLIES

*APPLICATION MUST BE COMPLETED IN BLOCK CAPITALS AND IN BLACK INK*

|  |  |
| --- | --- |
| Full Name of Organisation | |
| Contact Name | |
| Address (If A Company Then Registered Office Address) | |
| If Organisation Is a Club, Then Attach Full Names, Addresses and Titles of The Office Bearers along with A Copy of The Constitution  Showing They Are Empowered to Enter into A Licence on Its Behalf | Date of Birth (if under 18) |
| Telephone  Mobile | Email Address |

|  |  |  |
| --- | --- | --- |
| Title & Description of Event | | |
| What Harbour Does This Relate to & Which Area(s) – Indicate on An Attached Plan | | |
| Entry Date  Time | | Exit Date  Time |
| Event Start Date Friday  Time | | Event End Date  Time |
| Alternative Dates If Postponed | | |
| Expected Number of Persons to Attend (per day) & How Will They Access the Area(s) - Indicate on Plan. | | |
| Will Vehicles Be Entering into The Harbour Area?   |  | | --- | | **YES** | | **NO** |   (If Yes: Provide - Purpose, Number, Type & Point(s) Of Access - Indicate on Plan) | | |
| What Provision Has Been Made for Crowd Control During the Event & For Access/Egress? | | |
| How many Stewards will there be to control the public? | | |
| Have you any experience or received any training in organising public events?   |  | | --- | | **YES** | | **NO** |   If yes, please give details: | | |
| What provision has been made for First Aid? | | |
| |  | | --- | | **YES** | | **NO** |   Do you intend to provide catering facilities?  If yes, please provide a list of caterers (names & addresses) that will be used at this event.  NOTE – *Any person or company used for catering must be licensed with Fife Council.*  *No alcoholic liquor can be consumed or sold on Fife Council Property unless a special Licence has been obtained from Fife Council, Law & Administration.* | | |
| What provision has been made for calling emergency services i.e. Nearest telephone location? | | |
| Will any electrical appliances/equipment/machinery/staging be utilised during the event?   |  | | --- | | **YES** | | **NO** |   If yes, please state appliances:  **Please ensure that the above hold current PAT testing certification.** | | |
| What arrangements have been made for public address system to make announcements to the public? | | |
| You must obtain a minimum Public Liability Insurance cover to the value of £5 million in respect of this event.  You must also indemnify Fife Council from any third party claims arising from the event. Please provide details of:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Insurance Company: | | | | | | Dates of Cover: | FROM |  | TO |  | | Policy Number: | | | | |   NOTE – Evidence of Insurance Cover must be submitted 28 days prior to the event. (Copy of Documents).  Failure to provide these could result in the event being denied. | | |
| What provision has been made for toilet (male/female/disabled) accommodation? | | |
| Will, as part of the event, any charges be made to the public entering the designated area?   |  | | --- | | **YES** | | **NO** |   If yes state: (a) Charge rates (b) For what purpose  . | | |
| What arrangements have been made to clean the site of all rubbish and disposing of such at the conclusion of the event? | | |
| Do you require any assistance from Fife Council? **Please note – you may be charged for this service.**   |  | | --- | | **YES** | | **NO** |   If yes please provide details:  **The appropriate Council Service will provide you with a quotation if applicable.** | | |
| Do you require the use of any of the following Fife Council facilities? **Please note – you may be charged for this service.**   |  | | --- | | **YES** | | **NO** |  |  |  |  |  | | --- | --- | --- | --- | | **Electrical Supply** |  |  |  | | **Water Supply** | |  | | | **Public Toilets (out of hours)** | |  | | | **Any Other Services (please indicate)** | |  | |   **The appropriate Council Service will provide you with a quotation if applicable.** | | |
| Have you consulted the emergency services of this event?   |  | | --- | | **YES** | | **NO** |   If yes, please indicate: | | |
| What precautions have you taken in light of your consultation with these emergency services? | | |
| What arrangements have been made for car-parking and traffic control? | | |
| **You must provide a Risk Assessment for your event, which must be made available 28 days prior to your event taking place.** | | |
| DECLARATION | | |
| I declare that to the best of my knowledge and belief, the information given in this application is correct and no material particulars have been omitted. I agree to comply with all the conditions and requirements detailed in this form. | | |
| Signature |  | |
| Print Name |  | |
| Date |  | |

Checklist

Have you enclosed your:

Public Liability Insurance

Risk Assessment

Safety Plan

EVENT CONTENT LISTING

PLEASE DETAIL ALL ACTIVITIES THAT WILL BE TAKING PLACE DURING YOUR EVENT

PLEASE TICK APPROPRIATE BOXES AND ENTER ANY DETAIL IN THE BOX UNDERNEATH

|  |  |
| --- | --- |
| Fairground rides |  |
|  | | |
| Trader stalls |  |
|  | | |
| Sale of alcohol |  |
|  | | |
| Sale of food (Trader) |  |
|  | | |
| Sale of food (Community group) |  |
|  | | |
| Community fundraising stalls |  |
|  | | |
| Street parade |  |
|  | | |
| Amplified Music |  |
|  | | |
| Use of Electrical/Water supply, Public Toilets (out of hours) |  |  |
|  | | |

ANY OTHER ACTIVITIES NOT MENTIONED ABOVE:

1.

2.

3.

*S A F E T Y P L A N*

A safety plan is simply a means by which you, as the organiser of the event, have thought of all possible Hazards, which could lead to accidents. You must show that you have assessed the identified risk these hazards present and the action you will take to eliminate or minimise them. To assist you in compiling your safety plan, the following common hazards have been identified. If other hazards are identified which are not listed below, you should include them in your Risk Assessment. It is essential that this form be returned, preferably with your application, to allow full consideration of your event.

NOTE : A Hazard is something that has the potential to cause harm.

A Risk is the likelihood that it will cause harm.

# Access / Egress Control of Odours

# Traffic Management Warning Signs

# Signposting Internal Information Signs

# Signposting External Emergency Services (contact & access)

# Marquees Fire Fighting Equipment

# Arenas First Aid

# Seating P.A. System

# Staging Communications (internal / external)

# Toilets On site Supervision

# Litter Bins Staff / Volunteer (competency & training)

# Skips Unsafe Practices

# Electric’s Welfare Facilities (i.e. changing rooms, etc)

# Equipment Falling Objects

# Water Danger Areas

# Catering Manual Handling

# Steps Material Handling Equipment (e.g. forklift, lorries)

# Storage of Fuel/Gas Guarding Measures (e.g. hot exhausts, tent pegs)

# Lighting Isolation / Lock off (e.g. generators)

# Changes of Level Stewarding

# Trip Hazards Crowd Control

# Cables & Pipes Noise Control

# Storage of Goods Site Security / Cash Handling

# Portable Tools Lost Children

# Damage to Property Overheating

*REMEMBER – THINK SAFETY AT ALL TIMES.*

#### NOTES FOR RISK ASSESSMENT

1. Check the above list and tick off every item, which you feel relates to your event.
2. For each of the items above that you have ticked, use the separate sheet (Risk Assessment) to write

down how you will be dealing with it to minimise the risk of any accident occurring.

1. Sign the bottom half of the completed sheets and include the date.

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |

**RISK ASSESSMENT**

|  |  |
| --- | --- |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |
| Hazard |  |
| Control Measure |  |

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| --- | --- |
| **ASSESSMENT CARRIED OUT BY** | |
| Signature |  |
| Print Name |  |
| Date |  |
| **PERSON RESPONSIBLE FOR OVERALL EVENT SAFETY** | |
| Signature |  |
| Print Name |  |
| Date |  |



TRANSPORTATION SERVICES

ELECTRICAL EQUIPMENT REQUIREMENTS

FOR HARBOUR AREA EVENTS

1. ALL ELECTRICAL EQUIPMENT, INCLUDING EXTENSION LEADS, MUST HAVE RECENTLY BEEN ELECTRICALLY SAFETY TESTED IN LINE WITH IEE RECOMMENDATIONS (BS7671).
2. ALL ELECTRICAL EQUIPMENT, INCLUDING EXTENSION LEADS, MUST BE SUITABLE WITH REGARD TO INDEX RATINGS. i.e., WEATHERPROOF ENCLOSURES, CONNECTIONS etc IF REQUIRED.
3. EACH PIECE OF ELECTRICAL EQUIPMENT MUST HAVE SUPPORTIVE EVIDENCE OF TESTING. i.e., TEST IDENTIFICATION AND TEST DATE LABELS MUST BE FITTED.
4. TEST CERTIFICATES FOR ALL EQUIPMENT TO BE USED MUST BE PRODUCED PRIOR TO EACH EVENT.
5. ALL CABLES MUST BE SATISFACTORILY ROUTED AND PROTECTED.

# SUPPLY METHOD

1. IF GENERATORS ARE TO BE USED THEN ADEQUATE EARTHING ARRANGEMENTS MUST BE PROVIDED.
2. SUPPLY GENERATORS MUST INCORPORATE AN ADEQUATE SAFETY CUTOUT DEVICE.