

## APPROVING AUTHORITY CHECKLIST

### Event Details

Name of Event: \_\_\_\_\_

Requested Date(s) of Event: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Request Event Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Requested Site: \_\_\_\_\_

Site Address: \_\_\_\_\_

Promoter: \_\_\_\_\_

Event Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

After Hours: \_\_\_\_\_

Requested site preparation start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Suggested site vacated date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Brief details of function (including entertainment and main attractions):

---

---

---

---

---

---

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

### Legal Requirements

Does the application:

- |  |          |
|--|----------|
| ▪ Comply with State and Local legislation/regulations/codes?     | YES / NO |
| ▪ Provide for adequate general public liability insurance?       | YES / NO |
| ▪ Provide for adequate liability insurance for a major incident? | YES / NO |
| ▪ Need to post a bond to cover contingencies?                    | YES / NO |

### Licenses/Permits

Does the application require:

- |                                   |          |
|-----------------------------------|----------|
| ▪ Liquor licensing?               | YES / NO |
| ▪ Road closures/restrictions?     | YES / NO |
| ▪ Food outlet licenses?           | YES / NO |
| ▪ Health care licensing?          | YES / NO |
| ▪ Fire Inspection?                | YES / NO |
| ▪ Fireworks/pyrotechnics permits? | YES / NO |
| ▪ Any other: _____                |          |
- 

### Site

Is it appropriate for the type of event? YES / NO

Are there multiple sites involved in the event? YES / NO

Comment: \_\_\_\_\_

Indoor/outdoor: \_\_\_\_\_

**APPROVING AUTHORITY CHECKLIST (CONTINUED)**

Permanent structure or temporary site: \_\_\_\_\_

Normally used for this type of event? YES / NO

Normally used for large crowds? YES / NO

Topography:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any effect on neighboring communities? YES / NO

Suitability for camping facilities? YES / NO

List any environmental issues (green, flora, fauna, historic site): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any natural features likely to be hazardous (river, dam, long grass, forest): \_\_\_\_\_

\_\_\_\_\_

Anticipated crowd number of attendees: \_\_\_\_\_

Is site large enough for expected crowd? YES / NO

Tickets being pre-sold? YES / NO \_\_\_\_\_ % Of Attendance

Tickets sold at the gate? YES / NO \_\_\_\_\_ % Of Attendance

Other means of limiting crowd: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

Type of crowd expected (young, old, family, unruly): \_\_\_\_\_

Is water available at site? YES / NO

**Quality of water:** \_\_\_\_\_

Quantity of potable water: \_\_\_\_\_

Probability of sabotage of water? YES / NO

Comment: \_\_\_\_\_

Fixed sewerage? YES / NO

Adequate sewerage capacity? YES / NO

Comment: \_\_\_\_\_

Other utility supplies (power, gas): \_\_\_\_\_

Will they be adequate? \_\_\_\_\_

Will emergency water supplies be required? YES / NO

Will emergency water supplies be supplied? YES / NO

Will emergency water supplies be available? YES / NO

Comment: \_\_\_\_\_

Will emergency electricity supplies be required? YES / NO

Will emergency electricity supplies be supplied? YES / NO

Will emergency electricity supplies be available? YES / NO

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

Comment: \_\_\_\_\_

---

---

---

Will emergency gas supplies be required? YES / NO

Will emergency gas supplies be supplied? YES / NO

Will emergency gas supplies be available? YES / NO

Comment: \_\_\_\_\_

---

---

### Emergency Services/Key Stakeholders

Has applicant consulted and gained support/approval from:

- State/Local Government Departments? YES / NO
- If yes, list by abbreviation: \_\_\_\_\_
- Police Department? YES / NO
- Ambulance Service? YES / NO
- First Aid Service? YES / NO
- Fire Department? YES / NO
- Medical/Hospital Facilities? YES / NO
- State Emergency Service? YES / NO
- Transportation Authorities? YES / NO
- Liquor Licensing Court? YES / NO
- Neighboring Communities? YES / NO
- Neighbors/Community Association? YES / NO

**APPROVING AUTHORITY CHECKLIST (CONTINUED)**

Other: \_\_\_\_\_

Other: \_\_\_\_\_

---

Have emergency management plans been prepared? YES / NO

Have contingency plans been prepared? YES / NO

If NO, are they necessary? YES / NO

If they are necessary, who will coordinate the preparation? \_\_\_\_\_

**Security**

**Is special security being provided? YES / NO**

If YES, who is providing it? \_\_\_\_\_

If NO, is it considered necessary? YES / NO

Is the provider licensed to provide the service? YES / NO

**Event Safety Issues**

Natural

Weather (rain, wind, heat, cold): \_\_\_\_\_

Terrain (cliffs, creeks, reclaimed land): \_\_\_\_\_

Environmental

Animals, forests, pollens, pests, flora, fauna, historical: \_\_\_\_\_

---

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

### Technological

Utility lines, noise, lighting, access and egress: \_\_\_\_\_

\_\_\_\_\_

### Human

Alcohol, hysteria, nuisance, neighbors, fire: \_\_\_\_\_

\_\_\_\_\_

### Event

Pyrotechnics, lasers: \_\_\_\_\_

### **Access/Egress—Parking**

Are road access and egress suitable? YES / NO

Are road access and egress suitable in all weather? YES / NO

Are road access and egress adequate? YES / NO

Will special traffic control be required? YES / NO

Is sufficient suitable off-road parking available? YES / NO

Will emergency services have continual access and egress? YES / NO

In the event of a major emergency, do access and egress allow for emergency services? YES / NO

### **Food**

See Job Aids Food Vendor Information Sheet and Catering Inspection Checklist for Food Vendors.

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

### Toilets

What is the anticipated crowd mix of male and female attendees (by percentage)?

\_\_\_\_\_ MALE          \_\_\_\_\_ FEMALE

How many fixed-toilet facilities will be available?

\_\_\_\_\_ MALE TOILETS

\_\_\_\_\_ URINALS

\_\_\_\_\_

\_\_\_\_\_ MALE SHOWERS

\_\_\_\_\_

\_\_\_\_\_ FEMALE TOILETS

\_\_\_\_\_

\_\_\_\_\_ FEMALE SHOWERS

\_\_\_\_\_ DISABLED

\_\_\_\_\_

Will separate toilet facilities be available for food vendors? YES / NO

Will separate toilet facilities be available for medical attendants? YES / NO

Are there sufficient toilet facilities? YES / NO

If NO, what additional requirements will there be? \_\_\_\_\_ MALE TOILETS

\_\_\_\_\_ URINALS

\_\_\_\_\_ MALE SHOWERS

\_\_\_\_\_ FEMALE TOILETS

\_\_\_\_\_ FEMALE SHOWERS

\_\_\_\_\_ DISABLED

Will the current sewerage system cope with the extra demand? YES / NO

**APPROVING AUTHORITY CHECKLIST (CONTINUED)**

If NO, what additional requirements will there be?

---

---

Where additional requirements are unserviced, can service trucks gain easy access?

YES / NO

What servicing of toilets will be provided during the event?

---

---

---

What, if any, plumbing maintenance will be available onsite?

---

---

**Garbage and Water Removal**

Number of garbage bins available

---

Public Use

Food Outlet Use

---

Medical Facility Use

---

Type of garbage bins (including for sharps, wet, dry, hazardous):

---

---

---

Program for emptying garbage bins:

---

---

Program for removal of site garbage:

---

---

---

**APPROVING AUTHORITY CHECKLIST (CONTINUED)**

**Restoration After Event**

Arrangements for site cleanup: \_\_\_\_\_  
\_\_\_\_\_

Arrangements for cleanup of surroundings (including access and egress roads): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrangements for refund of bond money, if applicable: \_\_\_\_\_  
\_\_\_\_\_

**Camping Areas (where applicable)**

What is the proximity to property boundaries?

NORTH                  yards                  SOUTH                  yards

EAST                    yards                  WEST                    yards

What is the requested population density of the camp? \_\_\_\_\_ Persons per acre

What is the requested maximum population for each site?  
   maximum \_\_\_\_\_ persons per site

What separation is planned between sites?  
   minimum \_\_\_\_\_ yards between rows

What emergency access and egress will be available? \_\_\_\_\_  
\_\_\_\_\_

## APPROVING AUTHORITY CHECKLIST (CONTINUED)

What toilet and personal hygiene facilities will be available within campsite?

\_\_\_\_\_ MALE TOILETS                      \_\_\_\_\_ FEMALE TOILETS  
\_\_\_\_\_ URINALS  
\_\_\_\_\_ MALE SHOWERS                      \_\_\_\_\_ FEMALE SHOWERS  
\_\_\_\_\_ DISABLED TOILETS                      \_\_\_\_\_ DISABLED SHOWERS

What water supply is available? \_\_\_\_\_

Is it potable? \_\_\_\_\_

Can you estimate whether this is sufficient? YES / NO

Comments: \_\_\_\_\_

What garbage bins are available? \_\_\_\_\_

**Can you estimate whether this is sufficient? YES / NO**

What waste disposal arrangements are being made (including wet, dry, sharps, sewage)?

\_\_\_\_\_  
\_\_\_\_\_

### Site Plan

Camp site plan available (including access and egress for emergency vehicles, access and egress for service vehicles, parking areas, camping areas, numbered camp sites, toilet and personal hygiene facilities, water points, trash bins, food venues, First Aid/Medical facilities, any other related facilities). YES / NO