



# Registration Scheme of Fireworks/Bonfire Displays

## APPLICATION FORM

**Section 1 - EVENT OVERVIEW**

**Name of the event:**

**Event location:  
 (full address and/or  
 description)**

**Event date:**

**Event opening times  
 (for spectators):**

**From**     \_\_\_\_:\_\_\_\_ **to**     \_\_\_\_:\_\_\_\_

**Firing times:**

**From**     \_\_\_\_:\_\_\_\_ **to**     \_\_\_\_:\_\_\_\_

**Anticipated number of people  
 attending:**

<50	
50 – 99	
100 – 199	
200 -499	
500 – 999	
1000 – 2000	
>2000	

**Further forms and information available at:**

[www.torfean.gov.uk](http://www.torfean.gov.uk)

***If any section is not relevant to your event, please write N/A and go to the next section.***

<b>Section 2a – EVENT ORGANISER DETAILS</b>	
Name of Organisation	
Event Organiser/s Name	
Contact address	Postcode
Tel. No.	(day) (evening)
Mobile No.	
Email address	
Contact Tel No. on day of event:	
Please give details of any previous experience the organiser has in running such an event:	
<b>Section 2b – FIREWORK OPERATOR DETAILS</b>	
Name of organisation letting off fireworks	
Name of main person letting off fireworks	
Contact address of organisation/person	Postcode
Tel. No.	(day) (evening)
Mobile No.	
Email address	
Contact Tel No. on day of event:	
Please give details of any previous experience of letting off fireworks:	

<b>Section 3 – EVENT DETAILS</b>		
Do you intend to: (Tick all that apply)	<b>Event Details</b>	<b>Please Tick</b>
	Display Fireworks	
	Have a Bonfire	
What Category of Fireworks will be used? (Tick all that apply)	<b>Category:</b>	<b>Please Tick</b>
	Category 1- Indoor Fireworks	
	Category 2- Garden Fireworks	
	Category 3- Display Fireworks	
	Category 4- Professional Display	
Will any of the following take place at the event?	<b>Type:</b>	<b>Please tick</b>
	Sale of alcohol?	
	Live/recorded music	
	Dancing	
	Funfair	
	Inflatable's (bouncy castles etc)	
Please provide details of the entertainment to be held:		
<b>Section 4- PLANNING AND RISK ASSESSMENT</b>		
Are you aware of the following Guidance Books?	<b>Guidance</b>	<b>Please tick</b>
	Blue Firework Guide Working together on Firework Displays [Larger Events]	
	Red Firework Guide Giving your Own Firework Display	
Have you carried out a risk assessment for the event? <i>(Copy Required)</i>		
Have you made contact/arrangements with the following (where necessary)	<b>Consultee</b>	<b>Please tick</b>
	Police	
	Fire Brigade (28 day notice prior to event)	
	Nearby Properties	
	Hospitals	
	Animal Boarding Establishments/Riding Schools/Stables, Owners of animals, etc.	
	Coastguard	
	Aerodromes	

Will firers have, or received, any of the following? (Please indicate all that apply)	<b>Type:</b>	<b>Please tick</b>
	Close fitting clothing (no nylon, shell suits)	
	Hard Hats	
	Goggles	
	Gloves	
	Training	

**Section 5- FIRST AID**

For the proposed audience size, what provisions will there be for?

First Aiders	
First Aid Post	
Ambulances	
Paramedics	

Name of Organisation providing these facilities?

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**Section 6- FIRE SAFETY ARRANGEMENTS**

**Please tick**

Have you considered and included fire safety arrangements in your event risk assessment?	
Will fire fighting equipment (e.g. extinguishers, sand or water buckets) be available? (Please indicate approximate location on sketch plan.)	

**Section 7 - CATERING**

If hot/cold food or drink is to be supplied as part of your event, please give details:

Will food be: **hot / cold / both** (please circle)

Times that hot food will be available: from \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_

Are all food/drink traders registered with their home (local) authority under the requirements of the food hygiene regulations and have an appropriate food hygiene rating(recommend 4 or above) ?

Will food traders have access to a potable water supply (clean, uncontaminated and suitable for drinking) including also a suitable hot water supply to facilitate hand washing, washing of equipment and food preparation?

(Please provide a list of all traders with contact details, name of contact Business Name Address and telephone contact with this application form)

Will any articles be on sale during the event? Give detail:-	YES	NO
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**Section 8 - PUBLIC LIABILITY INSURANCE (essential for all events):**

Name of insurance company	
Policy number	
Amount of cover	£

**Section 9 - STEWARDS**

Number of stewards	Crowd barrier	
	Entrance or exit	
	Vehicle parking	
	Patrols	
	Other	
	Total	

Name of organisation providing facilities (if applicable)	
Contact name & telephone number	
How will any emergencies be communicated to stewards?	

**Will safety stewards / marshals be given, have, or received any of the following?**  
(Please indicate all that apply)

Fluorescent Jackets?	
Whistles?	
Radios?	
Torches?	
Appropriate instruction/training? Please give details of all informal and formal training and instruction.	

**Section 10 - TEMPORARY STRUCTURES e.g. Stage, dance platforms or marquees**

Will temporary structures be erected?

YES

NO

If yes, please provide details of the type and number, and attach detailed structural drawings from the Supply/Building Company:

**Section 11 - WELFARE FACILITIES**

**Sanitary conveniences** - please record the number of each to be provided:

(Standards are provided in the Purple Guide:-

[https://www.qub.ac.uk/safety-reps/sr\\_webpages/safety\\_downloads/event\\_safety\\_guide.pdf](https://www.qub.ac.uk/safety-reps/sr_webpages/safety_downloads/event_safety_guide.pdf) )

<b>Male</b>	No. WCs	No. Urinals	Number of Wash Hand basins
<b>Female</b>	No. WCs		Number of Wash Hand basins
<b>Disabled</b>	No. WCs		Number of Wash Hand basins

Will drinking water be provided?

YES

NO

**Section 12 - ELECTRICAL SYSTEMS**

The electrical system for the event must be installed by a competent person. Provide details below of the person installing the system:

Will emergency lighting be provided?

YES

NO

Will generators and/or transformers be used? Are they diesel or petrol please give details

YES

NO

Will RCD's(Residual Current Devices) be used?

YES

NO

**Section 13 - SPECIAL EFFECTS – Will any of the following be used during the event?**

*Please circle:* Lasers/Strobe lighting/Ultraviolet light/Pyrotechnics/Smoke/Fog Machines

Other (please state):

<b>Section 14 - FIRST AID – provide details of the arrangements for the following:</b>		
First Aiders (Numbers, training)		
First Aid Post (Numbers, Where situated)		
Ambulances (Numbers Where Situated access)		
Paramedics (Numbers, Training)		
Name of Organisation/Company providing these facilities		
<b>Section 15 – FIRE SAFETY</b>		
Have you prepared a fire risk assessment for the event?	YES	NO
Further information on fire safety is available at: <a href="http://www.communities.gov.uk/publications/fire/firesafetyassessment">http://www.communities.gov.uk/publications/fire/firesafetyassessment</a> and <a href="http://www.communities.gov.uk/documents/fire/pdf/158379.pdf">http://www.communities.gov.uk/documents/fire/pdf/158379.pdf</a>		
<b>Section 16 - HIGHWAYS</b>		
Is the event held on Public Highway/Council owned land or immediately adjacent to a highway?	YES	NO
Name Streets/land involved:		
Will the highway (carriageway and/or footway) need to be temporarily closed?	YES	NO
Will your event have an impact on the normal flow of traffic?	YES	NO
Please give details of any car parking arrangements and the estimated number of vehicles attending the event each day:		
<b>If your event will have an impact on traffic flow please provide a traffic management plan (diagram/map) indicating position of traffic signs, barriers, marshals, etc</b>		

<b>Section 17 – EMERGENCY PLANNING</b>		
	<b>YES</b>	<b>NO</b>
Has an emergency plan of action been established?		
<b>Does your emergency plan include arrangements for:</b>		
Identification of key decision making personnel		
Stopping the event		
Identification of emergency routes		
Rendezvous points for emergency services		
Holding areas: performers/audience/Emergency		
Coded 'stand down' and 'alert' messages		
Script of public address announcements		
Ambulance loading points and triage area		
Secure traffic routes to hospitals		
Insurance for event cancellation/ closure		
Contingency planning in the event of radios not working, routes being blocked, Poor/increment weather, etc.		
<b>Section 18 - VENUE AND SITE DESIGN</b>		
<i>Provide a detailed site plan and clearly identify the following where applicable</i>		
Firing Area	Spectator Area	
Disabled Viewing Areas	Safety Areas	
Fallout/Drop Zones	Bonfire Location	
Entry and exit points	Stage	
Perimeter fencing and other Barriers	Control Centre	
Seating arrangements	Sanitary accommodation	
Stairways and ramps	Lost property	
Significant Slopes	Meeting point	
Video screens	Lost children point.	
First Aid provision	Public telephones	
Location of stewards	Emergency access/egress routes	
Food & Drink Stands	First Aid	
Expected/Typical Wind Direction	Highways & Residential Areas in Close Proximity	
Fire Fighting Equipment and Type		



**PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT TO THIS APPLICATION**

## SUPPORTING DOCUMENTATION

**Please ensure that you have included all relevant documents as part of this application**

*If not attached with this application, they must be sent to the Torfaen Events Safety Advisory Group (SAG) at least six weeks before the event in order for the group to support the event.*

Mandatory Documents	Tick if attached	Date documents will be available if not attached
Risk Assessments		
Public/Employer Liability Insurance		
Map/Plan of site		
Emergency Plan		
<b>Other documents:</b>		
List of food/drink traders and contact details		
List of Suppliers:- First Aid, Waste, Traffic management etc		
Traffic management plan (if applicable)		
Route (run/walk/cycle/parade) (if applicable)		
Technical drawings of temporary structures (if applicable)		
Event Insurance (mandatory for some venues)		

## FURTHER INFORMATION:

You may wish to discuss your proposals with the appropriate services as part of your planning process:

Service	Contact Tel No.	Name of Person Contacted	Date Contacted
Ambulance Service	01633 626262		
South Wales Fire & Rescue Service	01443 232500		
Gwent Police HQ	01633 838111		
Licensing	01495 762200		
Health and safety (Commercial)			
Food Safety			
Pollution			
Building Control			
Highways			
Civil Contingencies			
Leisure Facilities			
Recreational Sites			
Health & Safety Executive	02920 263 000		

**The Disclosure and Barring Services(DBS)** act to reduce the risk of abuse by ensuring that those who are unsuitable are not able to work with children and vulnerable adults. If you or your staff will be in direct contact with children or vulnerable adults at your event we recommend that you complete a disclosure application form available at :-

<https://www.gov.uk/government/organisations/disclosure-and-barring-service> )

**Please return by the 13<sup>th</sup> October 2019 via email to [commercial.services@torfaen.gov.uk](mailto:commercial.services@torfaen.gov.uk) If event is for Firework Night (5<sup>th</sup> November) or 28 days prior to your event for any other firework display Or by post to::**

Health and Safety Team  
Planning & Public Protection  
Torfaen County Borough Council  
Ty Blaen Torfaen  
Panteg Way  
Torfaen  
NP4 0LS

Tel No:(01633) 647621