

MINOR EVENT FORM

LESS THAN HALF A DAY

1. EVENT DETAILS

Event title

Date

Type of Event

Start time

Finish time

End date for registrations

Venue

Secondary location (if any)

2. ATTENDANCE

Estimated attendance

Date attendee list is required by

3. CONTACTS

Principal Event Contact

Other Event Contact

Date financial records are required by

4. EVENT PROMOTIONAL INFORMATION

(Provide information that can be used to promote this event, what they will experience, what they will learn, why they should attend, plus any relevant speaker bios and photos)

Attached & sent to officeadmin@lianza.org.nz along with event form

HEALTH & SAFETY FORM

Health & Safety Representative
Phone
Email

1. IMPORTANT LOCATIONS

First Aid Kits
Fire Extinguisher
Safe Assembly Area
Tsunami Evacuation Point (if relevant)

2. EMERGENCY CONTACT

Nearest Medical Centre
Trained First Aider

3. PRE-EVENT HEALTH & SAFETY BRIEFING (for event organisers)

Date
Time
Attendees

4. HEALTH&SAFETY PLAN + HAZARD IDENTIFICATION APPROVED

Event Organiser
Date

Signature

HAZARD IDENTIFICATION

Hazard	Potential Harm	Significant Hazard		Hazard Control	Approved (Sign)
		Yes	No		
Catering	Food Poisoning Allergic Reactions	x		Food allergens to be clearly labelled Professional caterer used Food handling best practice to be followed	
Catering Equipment	Burns Cuts	x		Food to be prepared off site Any chafing dishes etc to be on stable surfaces, well back from edge	
Cabling for IT Equipment	Trips / Falls Electrocution	x		Clear walkways to be identified All cables to be taped down All cables / appliances to be tagged for use	
Alcohol Consumption	Accidents from intoxication	x		No alcohol to be served at event	
Moving Equipment	Injuries from lifting	x		Equipment to be packed light Only one box or item to be moved at a time Proper handling techniques to be used	