

**CONFIRMATION OF ORGANISATION'S
HEALTH AND SAFETY MANAGEMENT PLAN**

To: Christchurch City *Events Development Team, 5th Floor*, PO Box 237, Christchurch

From: _____ (Name of Organisation)
 _____ (Postal Address)
 _____ (Name of Event)
 _____ (Event Location)

We confirm that our organisation has a Health and Safety Management Plan. This plan complies with the requirements of the Health and Safety in Employment Act 1992, Health and Safety in Employment Regulations 1995 and all other relevant legislation. This plan will remain in force for the duration of our event and will not be amended or cancelled during this time.

We confirm the following requirements are part of the Plan:

- A system is in place for the identification, assessment and control of hazards.
- Control measures for hazards are reviewed at intervals appropriate to the running of the event.
- Health and Safety responsibilities are assigned to designated staff, that is, all those working on the event, including volunteers.
- Organisation representatives have inspected the event location to ensure that the venue is safe.
- An Accident Register is kept on site.
- An emergency plan designed for our event is in place for dealing with a variety of emergencies.
- A Health and Safety briefing will be carried out with staff (including volunteers) prior to each session of the event and documented.
- All staff working at the event location have the necessary knowledge and skills to perform their job adequately, or that they will be adequately supervised.
- A system is in place to ensure the public is not endangered by activities carried out at the event venue.
- Total number of staff/volunteers working at our event is

The name of the organiser/coordinator for this event is _____

Contact phone number during this event is: _____

I the undersigned confirm that the above information is true and factual. I confirm that I am the authorised signatory for this matter.

Authorised Signatory: _____ Title: _____

Please Print Name: _____ Date: _____