

**PRELIMINARY RISK ASSESSMENT FORM FOR PROPOSED EVENT(S) UNDER SECTIONS 229 AND 230 OF THE ACT. (Form No 9. Article 184)**

**SUBMIT TO: DUN LAOGHAIRE RATHDOWN COUNTY COUNCIL**

**DATE: Thursday 6<sup>th</sup> July 2023**

<b>Applicant Name:</b>	Festival Republic Dublin Ltd on behalf of MCD Productions
<b>Type of event proposed:</b>	A series of open air events up to 7 days
<b>Location of event proposed:</b>	Marlay Park, Grange Road, Rathfarnham, Dublin 16
<b>Date(s) of event (s) proposed:</b>	<b>A maximum of 7 dates:</b> Dates range from Thursday 13 <sup>th</sup> June – Monday 8 <sup>th</sup> July 2024 inclusive.
<b>Duration of event proposed:</b>	As above and below.
<b>Commencement &amp; conclusion times of proposed event:</b>	Gates: 13:30 – 17:00 (tbc with Local Authority) Music curfew: 23:00
<b>Contact details: (including address, email address, telephone number etc)</b>	Pascale Miller Festival Republic Dublin Ltd, Bord Gais Energy Theatre, Grand Canal Square, Dublin 2 Tel: +353 (0) 1 674 2479 Email <a href="mailto:pmiller@festivalrepublic.com">pmiller@festivalrepublic.com</a>
<b>Where the organiser is not the owner or occupier of the proposed venue, please state the name of the owner/occupier of the venue</b>	Dun Laoghaire-Rathdown County Council
<b>State the anticipated number of persons at the proposed event broken down into:</b> (a) Performers (b) Audience (c) Event Staff	Performers – approx. 20 – 300 per day Audience – A maximum attendance of up to 40,000 public on any one event day. Event Staff – approx. 1,000
<b>Ticketed or non-ticketed event</b>	Ticketed event
<b>Short Risk Assessment of Event</b>	Please find attached Draft Summary Safety Statement including short risk assessment.
<b>State the names (if currently known) and the contact details of the</b> 1. Event Controller & deputy 2. Event Safety Officer & deputy 3. Event Medical Co-ordinator & deputy	1. Event Controller – Ian Donaldson (TBC) 2. Event Safety Officer – MSA (TBC) 3. Event Medical Coordinator – Code Blue (TBC)
<b>Please provide details of your insurance arrangements:</b>	AON Insurance

**Declaration – By signing and dating this form I am confirming that the information provided is correct at the time of signing.**

**Signature: Pascale Miller**

**Date: Thursday 6<sup>th</sup> July 2023**