## 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: Tuesday 2<sup>nd</sup> July 2024

Applicant Name:	Fastival Danublia Dublin Ltd on babalf of MCD
Applicant Name:	Festival Republic Dublin Ltd on behalf of MCD
	Productions
Type of event proposed:	A series of open air events up to 7 days
Location of event proposed:	Marlay Park, Grange Road, Rathfarnham, Dublin 16
Date(s) of event (s) proposed:	A
	A maximum of 7 dates:
	Dates range from Thursday 12 <sup>th</sup> June – Thursday
	10 <sup>th</sup> July 2025 inclusive.
Duration of event proposed:	As above and below.
Commencement & conclusion times of proposed	Gates: 13:30 – 17:00 (tbc with Local Authority)
event:	Music curfew: 23:00
Contact details: (including address, email address,	Claudia Langmead
telephone number etc)	Festival Republic Dublin Ltd,
	Bord Gais Energy Theatre,
	Grand Canal Square,
	Dublin 2
	Tel: +353 (0) 1 674 2479
	Email clangmead@festivalrepublic.com
Where the organiser is not the owner or occupier	
of the proposed venue, please state the name of	Dun Laoghaire-Rathdown County Council
the owner/occupier of the venue	
State the anticipated number of persons at the	Performers approx 20, 200 per day
proposed event broken down into:	Performers – approx. 20 – 300 per day
(a) Performers	Audience – A maximum attendance of up to 40,000
(b) Audience	public on any one event day.
(c) Event Staff	Event Staff – approx. 1,000
Ticketed or non-ticketed event	Ticketed event
Short Risk Assessment of Event	Please find attached Draft Summary Safety
	Statement including short risk assessment.
State the names (if currently known) and the	
contact details of the	1. Event Controller – Ian Donaldson (TBC)
1. Event Controller & deputy	2. Event Safety Officer – MSA (TBC)
2. Event Safety Officer & deputy	3. Event Medical Coordinator – Code Blue (TBC)
3. Event Medical Co-ordinator & deputy	1
Please provide details of your insurance	AON Insurance

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

Signature: Claudia Langmead Date: Tuesday 2<sup>nd</sup> July 2024