

## BEFORE AND AFTER EVENT CHECKLIST –

## FOR EVENTS HOSTED AT STRATEGIC ASSETS FACILITIES

Name of facility	
Date of event	
Type of Event	
Name of Event Organiser	
Contact Details of Event Organiser	
Name of Safety Officer	
Contact details of Safety Officer	

PRE-EVENT AND BOOKING	Yes / No	Comments
Did the Event Organiser(EO) must visit the facility to ensure event suitability?		
Did the booking administrator provide the EO with a copy of the conditions of hire for the facility to host the event subject to availability and confirmation of booking?		
Did the EO and Facility management conduct a pre-event inspection of the facility?		
EVENT INFORMATION		
Did the EO provide a profile of the event?		
Did the EO provide a list of its service providers?		
Did the EO provide a list of requirements for the Facility?		
Did the EO provide time lines for Event -Build-up day(s);Event Day(s); Break Down day(s)?		
Did the EO confirm the Pax (Expected Attendance)?		
PERMIT AND LICENCES		
Did the EO submit an application to the City's Event Permitting Office?		
Did the EO get permission and or authorisation for:		
Approval for promotional signage?		
Approval for temporary structures by certified engineer?		
Food permits?		
Noise exemption permit?		
Road closure approval?		
Temporary liquor licence?		
EVENT SET-UP		
Did the EO arrange "load in/out" area for delivery/service vehicles with facility staff		
Did the EO inspect facility with Facility staff		
Did the FM record all existing defects in the areas occupied prior to event		
Did the FM complete facility Hand Over forms		
Did the EO place security at strategic places to secure venue safety		
Did the FM confirm the assets with the EO?		
RISK MANAGEMENT (FM to make the EO aware of its responsibilities)		
Did the EO appoint a suitably qualified and registered Safety Officer for their event(s)?		
Did the EO obtain relevant public liability insurance?		
Did the EO inform Police, Ambulance Service and Fire Brigade about event?		
Did the EO submit a Medical Plan?		

PRE-EVENT AND BOOKING	Yes / No	Comments
Did the EO submit a Security Plan?		
Did the EO submit a Cleaning/Waste Management and Maintenance Plan?		
Did the EO submit a Traffic and Parking Management Plan?		
Did the EO submit an Emergency Evacuation Plan?		
Did the EO submit a Cash Management Plan (If Applicable)?		
Did the EO sign-off on the population certificate of the facility?		
Did the FM inform the EO that the emergency exit doors must unobstructed and passage ways are clear.		
Did the EO establish a VOC?		
ENVIRONMENTAL AND FACILITY PROTECTION REQUIREMENTS		
Did the EO communicate with effected Stakeholders; i.e. Fire Dept. for Fireworks, Health Department for Noise Pollution etc.?		
Did the EO communicate with and seek approval from Statutory authorities, such as Western Cape Heritage, when applicable?		
Did the EO provide a layout plan that ensures that:		
No signage are attached to walls that		
All imported structures are free standing and not attached to walls or any part of the building		
No nails, screws, staples, etc. are attached or driven into any part of the building		
Damage to the floors are minimised and that a floor restoration plan are in place		
Verifies sound levels, so as to prevent damage to infrastructure		
Confirms that there are no alteration to the current state of the building		
EVENT DAY		
Did the FM deployed staff during event?		
Did the facility staff stocked the toilets and cleaned periodically or when necessary		
Did the EO take responsibility for security?		
Did the EO provide cleaning staff?		
POST EVENT		
Did the Facility Manager check the facility with the EO at the end of the event?		
Were all defects recorded?		
Did the EO sign-off on all the damages or defects that occurred during their event and confirm that he/she will make good?		
Did the FM confirm the assets verification?		
Were the Hand Over forms completed?		
Was the refund release form to be completed after post-event inspection?		
Did the FM conduct an evaluation / debrief with key stakeholders if necessary?		
Did the EO complete facility comment questionnaire?		

Name of Staff member	
Signature	
Date	