



# Registration Scheme of Fireworks/Bonfire Displays

## APPLICATION FORM

### Section 1 - EVENT OVERVIEW

**Name of the event:**

**Event location:  
 (full address and/or  
 description)**

**Event date:**

**Event opening times  
 (for spectators):**

**From** \_\_\_\_:\_\_\_\_ **to** \_\_\_\_:\_\_\_\_

**From** \_\_\_\_:\_\_\_\_ **to** \_\_\_\_:\_\_\_\_

**Note**

You **must not** set off fireworks between 11pm & 7am, except for:

**Firing times:**

- Bonfire Night, when the cut off is midnight.
- New Year's Eve, Diwali, and Chinese New Year, when the cut off is 1am

**Anticipated number of people  
 attending:**

<50	
50 – 99	
100 – 199	
200 -499	
500 – 999	
1000 – 2000	
>2000	

**Further forms and information available at:**

[www.torfaen.gov.uk](http://www.torfaen.gov.uk)

*If any section is not relevant to your event, please write N/A and go to the next section.*

<b>Section 2a – EVENT ORGANISER DETAILS</b>	
Name of Organisation	
Event Organiser/s Name	
Contact address	Postcode
Tel. No.	(day) (evening)
Mobile No.	
Email address	
Contact Tel No. on day of event:	
Please give details of any previous experience the organiser has in running such an event:	
<b>Section 2b – FIREWORK OPERATOR DETAILS</b>	
Name of organisation letting off fireworks	
Name of main person letting off fireworks	
Contact address of organisation/person	Postcode
Tel. No.	(day) (evening)
Mobile No.	
Email address	
Contact Tel No. on day of event:	
Please give details of any previous experience of letting off fireworks:	

<p>What training has been provided to firers ? Give full detail of training provider :-</p>	
<p>Outline of training included and provide copies of certificates:-</p>	
<p>Where will your fireworks be purchased from? <b>Name</b> <b>Address</b>  <b>Post code</b> <b>Tel number</b></p>	
<p>Provide a list of the fireworks that will be used (including noise levels of each firework) :- Attach list:-</p>	
<p>Provide a Detailed layout plan of firing and method statement :- Attach copy</p>	

<b>Section 3 – EVENT DETAILS</b>		
Do you intend to: (Tick all that apply)	<b>Event Details</b>	<b>Please Tick</b>
	Display Fireworks	
	Have a Bonfire	
What Category of Fireworks will be used? (Tick all that apply)	<b>Category:</b>	<b>Please Tick</b>
	Category 1- Indoor Fireworks	
	Category 2- Garden Fireworks	
	Category 3- Display Fireworks	
	Category 4- Professional Display	
Will any of the following take place at the event?	<b>Type:</b>	<b>Please tick</b>
	Sale of alcohol?	
	Live/recorded music	
	Dancing	
	Funfair	
	Inflatable's (bouncy castles etc)	
Please provide details of the entertainment to be held:		
<b>Section 4- PLANNING AND RISK ASSESSMENT</b>		
Are you aware of the following Guidance Books? <a href="http://www.eiq2.org.uk/wp-content/uploads/WTOFD-Blue-Guide.pdf">http://www.eiq2.org.uk/wp-content/uploads/WTOFD-Blue-Guide.pdf</a> <a href="http://www.eiq2.org.uk/wp-content/uploads/GYOFD-Red-Guide.pdf">http://www.eiq2.org.uk/wp-content/uploads/GYOFD-Red-Guide.pdf</a>	<b>Guidance</b>	<b>Please tick</b>
	Blue Firework Guide Working together on Firework Displays [Larger Events]	
	Red Firework Guide Giving your Own Firework Display	
Have you carried out a risk assessment for the event? <i>(Copy Required)</i>		
Have you made contact/arrangements with the following (where necessary)	<b>Consultee</b>	<b>Please tick</b>
	Police	
	Fire Brigade (28 day notice prior to event)	
	Nearby Properties	
	Hospitals	
	Animal Boarding Establishments/Riding Schools/Stables, Owners of animals, etc.	
	Coastguard	
	Aerodromes	

Will firers have, or received, any of the following? (Please indicate all that apply)	<b>Type:</b>		<b>Please tick</b>
	Close fitting clothing (no nylon, shell suits)		
	Hard Hats		
	Goggles		
	Gloves		
	Training		
<b>Section 6- FIRE SAFETY ARRANGEMENTS</b>			<b>Please tick</b>
Have you considered and included fire safety arrangements in your event risk assessment?			
Will fire fighting equipment (e.g. extinguishers, sand or water buckets) be available? (Please indicate approximate location on sketch plan.)			
<b>Section 6 - CATERING</b>			
If hot/cold food or drink is to be supplied as part of your event, please give details:			
Will food be: <b>hot / cold / both</b> (please circle)			
Times that hot food will be available: from _____:_____ to _____:_____			
Are all food/drink traders registered with their home (local) authority under the requirements of the food hygiene regulations and have an appropriate food hygiene rating(recommend 4 or above) ?			
Will food traders have access to a potable water supply (clean, uncontaminated and suitable for drinking) including also a suitable hot water supply to facilitate hand washing, washing of equipment and food preparation?			
(Please provide a list of all traders with contact details, name of contact Business Name Address and telephone contact with this application form)			
Will any articles be on sale during the event? Give detail:-		YES	NO
<b>Section 7 - PUBLIC LIABILITY INSURANCE (essential for all events):</b>			
Name of insurance company			
Policy number			
Amount of cover	£		

<b>Section 8 - STEWARDS</b>			
Number of stewards	Crowd barrier		
	Entrance or exit		
	Vehicle parking		
	Patrols		
	Other		
	Total		
Name of organisation providing facilities (if applicable)			
Contact name & telephone number			
How will any emergencies be communicated to stewards?			
<b>Will safety stewards / marshals be given, have, or received any of the following?</b> (Please indicate all that apply)			
Fluorescent Jackets?			
Whistles?			
Radios?			
Torches?			
Appropriate instruction/training? Please give details of all informal and formal training and instruction.	<b>( Please use separate sheet if needed and attach)</b>		

<b>Section 9. - TEMPORARY STRUCTURES e.g. Stage, dance platforms or marquees</b>			
Will temporary structures be erected?		YES	NO
If yes, please provide details of the type and number, and attach detailed structural drawings from the Supply/Building Company:			
<b>Section 10 - WELFARE FACILITIES</b>			
<b>Sanitary conveniences - please record the number of each to be provided:</b> (Standards are provided in the Purple Guide:- <a href="https://www.qub.ac.uk/safety-reps/sr_webpages/safety_downloads/event_safety_guide.pdf">https://www.qub.ac.uk/safety-reps/sr_webpages/safety_downloads/event_safety_guide.pdf</a> )			
<b>Male</b>	No. WCs	No. Urinals	Number of Wash Hand basins
<b>Female</b>	No. WCs		Number of Wash Hand basins
<b>Disabled</b>	No. WCs		Number of Wash Hand basins
Will drinking water be provided?		YES	NO
<b>Section 11 - ELECTRICAL SYSTEMS</b>			
The electrical system for the event must be installed by a competent person. Provide details below of the person installing the system:			
Will emergency lighting be provided?		YES	NO
Will generators and/or transformers be used? Are they diesel or petrol please give details :		YES	NO
Will RCD's(Residual Current Devices) be used?		YES	NO
<b>Section 12 - SPECIAL EFFECTS – Will any of the following be used during the event?</b>			
Please circle: Lasers/Strobe lighting/Ultraviolet light/Pyrotechnics/Smoke/Fog Machines Other (please state):			

Section 13– Vulnerable Groups and Animal Welfare		
<b>Are there any residential care or nursing homes in the vicinity?</b>	<b>Yes *</b>	<b>No</b>
<b>* Have you contacted the manager ?</b>	<i>Provide : Name of Manager and contact telephone number .</i>	
<b>What action are you taking to reduce the effects of your event on the vulnerable groups ?</b>	Reduced the time of firing Only keep to the published firing times Use noise reduced fireworks	
<b>Give Further details:-</b>		
<b>Are there any fields, stables paddocks with animals? Eg. Horses, Cattle, Sheep, Lamas, etc</b>	<b>Yes</b>	<b>No</b>
<b>Have the owners of all animals been contacted</b>	<b>Yes</b>	<b>No</b>
<b>Provide Names Telephone numbers ( or other means of contact) and dates and responses.</b>		
<b>What action are you taking to reduce the effects of your event on all Animals(Including all wild wildlife)</b>	Stopping all special effects loud noises and light Use noise reduced fireworks Ensure keep to firing times Following the advice of RSPA guidance	
<b>Give further details:-</b>		
14. Topography		
<b>Will the topography of the area and surrounding buildings increase the potential noise?</b>	<b>Yes</b>	<b>No</b>
<b>What action will you take to reduce the noise levels ?</b>		
<b>Give written evidence .</b>		



<b>Section 15 - FIRST AID</b>			
<b>For the proposed audience size, what provisions will there be for first aid ?</b>			
<b>Provide details of the arrangements for the following:</b>			
First Aiders (Numbers, training)			
First Aid Post (Numbers, Where situated)			
Ambulances (Numbers Where Situated access)			
Paramedics (Numbers, Training)			
Name of Organisation/Company providing these facilities			
<b>Section 16 – FIRE SAFETY</b>			
Have you prepared a fire risk assessment for the event?	YES	NO	
Further information on fire safety is available at: <a href="http://www.communities.gov.uk/publications/fire/firesafetyassessment">http://www.communities.gov.uk/publications/fire/firesafetyassessment</a> and <a href="http://www.communities.gov.uk/documents/fire/pdf/158379.pdf">http://www.communities.gov.uk/documents/fire/pdf/158379.pdf</a>			
<b>Section 17 – HIGHWAYS</b>			
Is the event to be held on Public Highway/Council owned land or immediately adjacent to a highway?	Yes	No	
It may be necessary for you to obtain a Road Closure or a Temporary Traffic Regulation Order to allow you to carry out any sort of event on public roads or public rights of way. They will take up to 8 weeks to obtain and costs are incurred due to legal formalities and statutory requirements. Highways Team will advise you of the necessary procedures. You must discuss your proposals with Highways as far in advance as possible.	Have you contacted highways? Name of contact:  Date of contact	Yes	No
If the event requires a road closure or traffic diversions then authority must be obtained from			
Have you contacted a private traffic management company to provide approved signs and stewards	<b>Yes</b> <b>No</b>	<b>Name Address &amp; Tel Number</b>	

Will the highway (carriageway and/or footway) need to be temporarily closed?	YES	NO
Will your event have an impact on the normal flow of traffic?	YES	NO
Please give details of any car parking arrangements and the estimated number of vehicles attending the event each day:		
How many stewards will be in attendance for Car Parking only	Nos Per car park	
What training will Car Parking Stewards Have ? Give Details :		
<b>If your event will have an impact on traffic flow please provide a traffic management plan (diagram/map) indicating position of traffic signs, barriers, marshals, etc</b>		

<b>Section 18 – EMERGENCY PLANNING</b>		
	<b>YES</b>	<b>NO</b>
Has an emergency plan of action been established?		
<b>Does your emergency plan include arrangements for:</b>		
Identification of key decision making personnel		
Stopping the event		
Identification of emergency routes		
Rendezvous points for emergency services		
Holding areas: performers/audience/Emergency		
Coded 'stand down' and 'alert' messages		
Script of public address announcements		
Ambulance loading points and triage area		
Secure traffic routes to hospitals		
Insurance for event cancellation/ closure		
Contingency planning in the event of radios not working, routes being blocked, Poor/increment weather, etc.		
<b>Section 19 - VENUE AND SITE DESIGN</b>		
<i>Provide a detailed site plan and clearly identify the following where applicable</i>		
Firing Area	Spectator Area	
Disabled Viewing Areas	Safety Areas	
Fallout/Drop Zones	Bonfire Location	
Entry and exit points	Stage	
Perimeter fencing and other Barriers	Control Centre	
Seating arrangements	Sanitary accommodation	
Stairways and ramps	Lost property	
Significant Slopes	Meeting point	
Video screens	Lost children point.	
First Aid provision	Public telephones	
Location of stewards	Emergency access/egress routes	
Food & Drink Stands	First Aid	
Expected/Typical Wind Direction	Highways & Residential Areas in Close Proximity	
Fire Fighting Equipment and Type		
<b>PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT TO THIS APPLICATION</b>		

## SUPPORTING DOCUMENTATION

**Please ensure that you have included all relevant documents as part of this application**

*If not attached with this application, they must be sent to the Torfaen Events Safety Advisory Group (SAG) at least six weeks before the event in order for the group to support the event.*

Mandatory Documents	Tick if attached	Date documents will be available if not attached
Risk Assessments		
Public/Employer Liability Insurance		
Map/Plan of site		
Emergency Plan		
Firework list		
Firework Detail plan and method statement		
<b>Other documents:</b>		
List of food/drink traders and contact details		
List of Suppliers:- First Aid, Waste, Traffic management etc		
Traffic management plan (if applicable)		
Route (run/walk/cycle/parade) (if applicable)		
Technical drawings of temporary structures (if applicable)		
Event Insurance (mandatory for some venues)		

### FURTHER INFORMATION:

You may wish to discuss your proposals with the appropriate services as part of your planning process:

Service	Contact Tel No.	Name of Person Contacted	Date Contacted
Ambulance Service	01633 626262		
South Wales Fire & Rescue Service	01443 232500		
Gwent Police HQ	01633 838111		
Licensing	01495 762200		
Health and safety (Commercial)			
Food Safety			
Pollution			
Building Control			
Highways			
Civil Contingencies			
Leisure Facilities			
Recreational Sites			
Health & Safety Executive	02920 263 000		

**The Disclosure and Barring Services(DBS)** act to reduce the risk of abuse by ensuring that those who are unsuitable are not able to work with children and vulnerable adults. If you or your staff will be in direct contact with children or vulnerable adults at your event we recommend that you complete a disclosure application form available at :-

<https://www.gov.uk/government/organisations/disclosure-and-barring-service> )

**Please return by the 6<sup>th</sup> October 2023 via email to [foodandhealthprotection@torfaen.gov.uk](mailto:foodandhealthprotection@torfaen.gov.uk) If event is for Firework Night (5<sup>th</sup> November) or 28 days prior to your event for any other firework display Or by post to:**

Health and Safety Team  
 Planning & Public Protection  
 Torfaen County Borough Council  
 Ty Blaen Torfaen  
 Panteg Way  
 Torfaen  
 NP4 0LS

Tel No:(01633) 648009