

This plan should be developed in consultation with a Shire of Serpentine Jarrahdale Emergency Services Representative/s. Once formalised, it should be made available to all key onsite event personnel including emergency services, first aid responders, stakeholders, and volunteers

It is the Event Organisers responsibility to ensure this plan is distributed to all Key Event Personnel (including stall holders, amusement operators and stakeholders), ensuring they are adequately trained on the necessary emergency and evacuation procedures **prior to the event.**

Emergency Contacts

Emergency Police/Fire/Ambulance	000
Local Police Assistance (Non-Emergency)	131 444
Armadale Health Service	9391 2000
SES Emergency Assistance	132 500
Health Direct	1800 022 222
Crisis Care Helpline	1800 199 008
Poisons Info Centre	13 11 26
Mundijong Police Station	9526 5111
Shire of Serpentine Jarrahdale	9526 1111

Event Details

Plan prepared by (if different from above)			-
	Bump Out	Start:	Finish:
	Event	Start:	Finish:
Event Timings	Bump In	Start:	Finish:
Expected Attendance			
Site/Venue Capacity			
Location of Event			
Email			
Contact Number			
Name of Organiser			
Name of Organisation			
Event Date			
Event Name			



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Key Event Personnel

Outline the key people and their roles in your emergency management structure. Where applicable include key person responsible (e.g., chief warden, warden/marshals, first aid/medical, security/crowd control, fire officer and other event

Name	Position	Responsibility	On The Day Contact Number

Emergency Management
Specify the Emergency Management Plan Objective
Specify how the Event Organiser will ensure that all personnel, including stall holders, food vendors and amusement operators are aware of the emergency management procedure and evacuation plans for the event
Specify how the Event Organiser will ensure all electrical, fire extinguishing, gas fittings and other relevant equipment will be deemed safe and effective for use at the event.
Specify how the Event Organiser will communicate at the event with your event team, emergency services, event visitors, and other stakeholders. E.g. mobile phones, satellite phones, radios, PA system.



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First Aid Plan

Outline the first aid or medical services in attendance at the event including numbers and type. Outline the response to a first aid or medical emergency. **Please indicate on your site plan the locations of first aid stations or equipment.**

7 - 7	
Provider/Service	
Contact Name/s	
Contact Number/s	
Arrival Time	
Departure Time	

Closest Emergency Health Service	

Fire Management Plan

Outline the potential sources of fire and actions to prevent fires. Include emergency procedures, equipment, and personnel responsible in the event of a fire.

Potential Fire Sources	Prevention and Treatment	Responsibility

Crowd Control/Security Plan

Outline crowd control and security plans, personnel numbers, and roles. Where used, include details of professional security/crowd control companies (company name, number of personnel and roles).

Provider/Service	
Contact Name/s	
Contact Number/s	
Arrival Time	
Departure Time	



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Emergency	Evacuation	Procedures
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Outline emergency evacuation procedures including who will authorise an evacuation, under what circumstances, and how this will be done. Please indicate emergency evacuation routes, exits and muster points on your site plan

Specify the Emergency Evacuation Procedure	
Weather Monitoring and Contingency	
Outline how you will monitor and respond to weather e extreme heat, wind, flooding etc)	events that may impact your event (e.g.,
Outline your event contingency plan if the event needs altered, or interrupted	to be cancelled, postponed, relocated,



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the case of an emergenc nergency services, patron estem.	y, outline how the Event C ns, and other stakeholders			
oots, battery loss etc. (i.e.	osed communication system backup communications	em does not work d)	ue to limited phone sigi	таі, ріаск
utline plan to test commu	nication systems before t	he event.		
utline plan to alert the pat	rons and members of the	staff of an evacuati	on. (e.g. alarm, siren)	
efing				
utline your plan to test yo	ur emergency procedures	s, train personnel, a	nd brief stakeholders or	n event day.



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Office Use This plan has been sighted and approved by Sh	nire Emergency Services Rep	oresentative/s	
Name of Shire Emergency Services Representa	ative		
Shire Position			
Signature		Date	



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