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SPECIAL EVENTS WASTE MANAGEMENT PLAN
Waste and Cleansing
ABN 43 662 868 065

PLEASE COMPLETE THIS WASTE MANAGEMENT PLAN AND SUBMIT IT TO COUNCIL WITH THE APPLICATION TO HOLD AN EVENT

1. EVENT PROFILE

Name of Event: _____

Name of Organisation Staging the Event: _____

Name of Event Manager: _____   Contact No. _____

Venue (Address if appropriate): _____

Date of Event: _____ to _____   Time of Event: _____ to _____

Anticipated crowd size: _____

2. EVENT ACTIVITIES
(LIST ALL TYPES OF EVENT ACTIVITIES, EXCLUDING CATERING):

1. _____   2. _____

3. _____   4. _____

5. _____   6. _____

7. _____   8. _____

9. _____   10. _____

11. _____   12. _____

3. EVENT CATERING

Will there be any food / beverage or give-a-way stalls or outlets? ❑ yes   ❑ no

IF NO GO TO QUESTION 7.

TYPE OF FOOD STALLS (list all food or beverage stalls)**:**

1. _____   2. _____

3. _____   4. _____

5. _____   6. _____

7. _____   8. _____

9. _____   10. _____

11. _____   12. _____

4. WASTE AVOIDANCE

Will a dishwasher service be utilised: ❑ yes   ❑ no

If yes, outline of procedures for dish/utensil pick up: _____
_____
_____

If yes, outline of procedures for dish/utensil return: _____
_____
_____

5. WASTE PROFILE

VENDOR NUMBER AND TYPE	DESCRIPTION OF MATERIAL TO BE USED (PACKAGING, TABLEWARE ETC)	PROJECTED VOLUME TO BE USED (NUMBER/VOLUME)	PROPOSED ON-SITE DISPOSAL METHOD (RECYCLE BIN, ORGANICS BIN ETC)

6. WASTE COLLECTION, REMOVAL AND DISPOSAL

It is your responsibility to ensure adequate recyling/ garbage bines are supplied for the event.

Waste contractor/co-ordinator: _____

Contact person: _____   Contact No. _____

Type of bins supplied for the event: Number of bins:

PUBLIC USE

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

VENDOR USE

_____   _____

_____   _____

_____   _____

_____   _____

What are the arrangements for dealing with any liquid waste?

_____

Will the bins be clearly labelled?: ❑ yes   ❑ no

If yes, who will supply the labels? _____

When will the bins be delivered to the event location?

Date: _____   Time: _____

When will the bins be removed from the location?

Date: _____   Time: _____

HOW OFTEN WILL THE CONTRACTOR EMPTY THE BINS?

Type of bin: Emptying Frequency:

PUBLIC USE

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

VENDOR USE

_____   _____

_____   _____

_____   _____

_____   _____

**WHO WILL BE RESPONSIBLE FOR MONITORING BINS AND
WASTE COLLECTION DURING THE EVENT?**

Name: _____   Position: _____

Contact No: _____

WILL THE WASTE CONTRACTOR EMPTY BINS AT THEIR ALLOCATED LOCATION OR WILL THE BINS BE MOVED TO A COLLECTION POINT?

❑ Picked up from location   ❑ Moved to collection point

Any other servicing arrangements?

_____

_____

WHERE WILL THE MATERIAL BE TAKEN?

Garbage: _____

Recyclables: _____

Compostables: _____

7. EVENT CLEANING

IT IS YOUR RESPONSIBILITY TO ENSURE THE CLEANLINESS OF THE EVENT ARE IS MAINTAINED, AND IS LEFT IN A SATIFACTORY CONDITION.

Cleansing contractor: _____

Contact Person: _____   Contact No: _____

Outline the proposed event cleansing practices: _____

_____

_____

Outline of litter control practices: _____

_____

_____

Outline of final clean up practices: _____

_____

_____

8. SITE MAP

Please include a simple but accurate site map with the following details:

- Main landforms, buildings
- Stage, competition area, or other attractions
- Drink, food and other stalls
- Toilets
- Eating areas, designated or non-designated
- Public entrances and exits
- Location of recycling, composting and garbage bins
- Location of collection point (if applicable)
- Locations or access points for waste collection vehicles

Thank you for providing Council with the following information.

If you require assistance to complete this documentation please contact
Council's Waste and Cleansing section on 02 8966 3800.
Council may also be able to provide some of the services you require.

This form must be completed six (6) weeks prior to the event being held.
Completed forms should be included with your Application to Hold an Event.
If approved, a signed copy will be returned with your notice of approval.

Signed Approval: _____ (Group Manager, Waste & Cleansing)