



SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT 2/2010

SECTION 6 (3) APPLICATION

**The National Commissioner
SOUTH AFRICAN POLICE SERVICES**

c/o Captain Ramekoane
Provincial Commander Operational Coordination
SOUTH AFRICAN POLICE SERVICE

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Facsimile : 0682315113

Dear Sir

APPLICATION FOR EVENT RISK CATEGORIZATION I.T.O SECTION 6 (3) OF THE SAFETY AT SPORTS & RECREATIONAL EVENTS ACT, 2010 (ACT NO. 2 OF 2010): _____

Please find set out below an application i.t.o. Section 6 (3) of the Safety at Sports & Recreational Events Act (hereinafter referred to as "*the Act*") for risk categorization in respect of the following event:

SECTION 1 - EVENT DETAILS

1.1 Name of Event: _____

1.2 Nature/ Type of Event: _____

1.3 Event Venue/ Stadium/Route:

1.4 Local Authority certified safe spectator capacity of the Venue/ Stadium: _____

1.5 Physical Address of Event Venue/ Stadium: _____

1.6 GPS Co-ordinates of Event Venue/ Stadium: _____

- 1.7 Day & Date of Event: _____
- 1.8 Scheduled Commencement Time of Event: _____
- 1.9 Anticipated Duration of Event (spectator access time to closure of venue): _____
- 1.10 Popularity/ reputation of the event: _____
- 1.11 Expected spectators / participants attendance: _____
- 1.12 Any VIP's/ VVIP's/Ministers attending/ participating in the event: _____
- 1.13 Suitability of the Stadium/Venue/ Route:

- 1.14 Historic record of safety, security and medical incidents at similar events:

- 1.15 Any relevant crime statistics and crime trends:

- 1.16 Any threat analysis information regarding the event:

- 1.17 Any information wrt the sale and consumption of liquor at the event:

- 1.18 Relevance of the outcome of a competitive event:

- 1.19 Level of rivalry between competing sports teams or sports persons participating and /or any tension/ rivalry which may exist between the supporters:

- 1.20 Positions of the teams on the league or rankings of the persons participating:

- 1.21 Any international, national, local social, economic, political, or security related factors which may have an impact on the event from a safety and security perspective:

- 1.22 Availability of police officials, emergency and essential services to assist at the event:

- 1.23 Weather or other natural conditions which are anticipated before or on the day of the event: _____

1.24 The nature of pre-event spectator entertainment and marketing promotions contemplated in Section 4(1): _____

1.25 Any other factor that the National Commissioner must take into consideration:

1.26 Nearest SAPS Police Station: _____

SECTION 2 - RESPONSIBLE PERSONS (Section 4(1) of the Act)

2.1 **Event Organizer:** _____

2.1.1 **Contact Details:**

- Contact Person: _____
- E-mail address: _____
- Mobile No: _____
- Telephone No: _____
- Postal Address: _____
- Physical Address: _____

2.2 **Stadium/Venue Owner:** _____

2.2.1 **Contact Details:**

- Contact Person: _____
- E-mail address: _____
- Mobile No.: _____
- Telephone No: _____
- Postal Address: _____
- Physical Address: _____

2.3 **Controlling Body:** _____

2.3.1 **Contact Details:**

- Contact Person: _____
- E-mail address: _____

- Mobile No: _____
- Telephone No: _____
- Postal Address: _____
:
- Physical Address: _____
:

SECTION 3 - CONFIRMATIONS

I/We confirm that:

- 3.1 I/We have/have not previously submitted an annual schedule of events as contemplated in Section 6 (1) of the Act. **(Delete where not applicable)**
- 3.2 I/We have/have not previously received a risk categorization in respect of our submitted annual schedule of events from the National Commissioner of the South African Police Service as contemplated in Section 6 (5) of the Act. **(Delete where not applicable)**
- 3.3 There is/is not a valid and current existing stadium or venue safety and grading certificate in place for the stadium/venue, as contemplated in Section 8 of the Act, which will still be valid on the day of the event. **(Delete where not applicable)**

IF NO CERTIFICATES REFERRED TO IN PARAGRAPH. 3.3 ARE IN PLACE, WRITTEN REASONS MUST BE SET OUT BELOW AS TO WHY SUCH CERTIFICATES ARE NOT IN PLACE:

.....

- 3.4 I/We have just initiated plans for the event;
- 3.5 This application satisfies the short notice requirements of Section 6 (3) of the Act:
- 3.5.1 Furnish written reasons here as to why requirements i.t.o. Section 6(1) of the Act i.e. submission of an annual schedule of events could not be complied with in respect of this event:

SECTION 4 - ADDITIONAL FACTORS FOR CONSIDERATION BY THE NATIONAL COMMISSIONER TO DETERMINE THE RISK CATEGORIZATION OF THE EVENT

We respectfully submit that the following factors should also be considered by the National Commissioner in determining the risk categorization in respect of this event:

4.1 I/We have/do not have historical experience in the holding of similar events of a similar size:

(Delete where not applicable)

4.2 I/We have appointed/ensured the appointment of an Event Safety Officer to oversee the safety & security planning requirements of Section 4 (9) & 23 of the Act are in place: **(Delete where not applicable)**

Name of Event Safety Officer: _____

Contact Details :

▪ E-mail address: _____

▪ Contact No: _____

4.3 There will/will not be controlled liquor sales to the general public at the venue/ stadium i.t.o. existing protocols with the local SAPS; **(Delete where not applicable)**

4.4 SIRA registered and Private Security Industry Regulation Act compliant security providers who have worked at the stadium/ venue previously will provide access control & general in-stadium/ venue security and safety stewarding services on the day; **(Delete where not applicable)**

4.5 Both provincial & private sector medical emergency services will be deployed at the event for the safety of event participants and the general public: _____

4.6 There are no material historical medical incident trends at similar events hosted previously at the venue which could have an impact on the safety of spectators at the event;

4.7 We have notified, in writing, the nearest police station, _____ of the details of the event.

SECTION 5 - EVENT RISK CATEGORIZATION RECOMMENDATION

We respectfully submit, with reference to all of the information set-out above, that the event should be categorized as **LOW RISK / MEDIUM / HIGH RISK** **(Delete where applicable)**

I/We await your event risk categorization of this event. **(Delete where applicable)**

An event briefing meeting has been scheduled for _____ **(Date and time)** at _____ **(Venue)**

Full Name of Event Organizer

For and on behalf & Duly Authorized By: _____

