

**HEALTH AND SAFETY AT WORK ETC ACT 1974  
FIRE SAFETY AND SAFETY OF PLACES OF SPORTS ACT 1987**

# Application for a Safety Certificate for a regulated stand

**When completed, this form should be sent to:**

[environmental@aberdeenshire.gov.uk](mailto:environmental@aberdeenshire.gov.uk)

cc – [catherine.busson@aberdeenshire.gov.uk](mailto:catherine.busson@aberdeenshire.gov.uk)

**Please complete the attached form and provide PDF files of the documents below and send to the email addresses above. Your application will not be accepted unless the documents are received.**

## Documentation

1. Scale Plan of Regulated Stand
2. Health and safety Policy Statement
3. General Risk Assessment
4. Spectator Safety Policy
5. Event Contingency Plans
6. Ground Maintenance Records (electrical certificates, gas certificate, barrier testing etc)
7. Stewarding Plan
8. First Aid Plan

**THIS SECTION SHOULD BE COMPLETED IN ALL CASES**

I hereby apply for the review of the Safety Certificate in respect of the sports ground described below:-

.....

The Safety Certificate is to be issued to:-

.....

I make the application \*(on behalf of) (as)

.....

Of .....

Date .....

Address .....

.....

.....

.....

\*Delete as appropriate

+If applying on behalf of a sports club, company or some other person, insert status (e.g. secretary)

Signed .....

Tel. No. ....

**1.** (a) Name and address of sports ground

.....

.....

(b) Name of the occupier

.....

Name and address of the owner  
(if different from occupier)

.....

.....

(c) Names and address of any person other than the proposed holder of the certificate who to his knowledge will or may be concerned in ensuring compliance with the terms and conditions of the safety certificate for which this application is being made.

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## PART 1: GENERAL SAFETY CERTIFICATE

2. List activities for which the ground provides viewing accommodation and which are to be covered by the general safety certificate (i.e. football/ highland games).
- .....
- .....
- .....

3. Give the approximate date of the construction of the ground, and details of any subsequent extension or major alteration or re-construction of it, together with relevant dates.
- .....
- .....
- .....

4. Please indicate if the football club has the following policies and documented records in place:-

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Health and Safety Policy Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) General Risk Assessment            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fire Risk Assessment               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Spectator Safety Policy            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Event day Contingency Plans        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Ground Maintenance Records         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Give particulars of any current statutory licenses granted in respect of the sports ground or parts of it:

- (a) Name of licensing authority .....
- (b) Name of licensee .....
- (c) Type of licence (liquor, gaming, etc) .....
- (d) Date of expiry .....
- (e) Description of the part or parts of the sports ground covered by the licence .....
- .....

**6. (a)** State current maximum capacity of the accommodation in the ground for spectators to view activities at the sports ground:

(i) maximum no. of seated spectators .....

(ii) maximum no. of standing spectators .....

(b) State any restrictions on that capacity:

(i) seated spectators .....

(ii) standing spectators .....

**7.** Is the number of spectators admitted to each part of the ground controlled on entry?

☐ Yes

☐ No

If the answer is yes, please provide details of what arrangements are in place:

**8.** Please provide confirmation of the number of toilets available to spectators within the football ground:-

	W.C. Units	Urinals	WHB
Male			
Female			
Disabled			

**9.** Do you have separate designated first-aid facilities for spectators?

☐ Yes

☐ No

If the answer is "No", please provide details of what arrangements are in place:-

**10.** Please provide details of your stewarding arrangements for the event, including the name of any company employed for this purpose: