

Known Information	Details	
Client: Student Body / Society Hosting Event		
Event name		
If a lecture please state (The name the speaker & nature of talks)	Name of Speaker: Topic:	
Day & Date of event		
Time – Start / Duration / End		
Event Organizer (Please print name) (Person in attendance & responsible)		
Location to be used	FAH/BWR	
Number of persons attending	(D Known attendees with list of names - Somerville College Attendees only - Open invite to general public -	elete as appropriate) Yes / No Yes / No Yes / No
Guests with special needs or disabilities (please detail assistance required)		
Number of event assistants present Appointed Fire Marshalls (1 appointed per 50 persons, with a minimum of 2 present at any time)	The event organizer/s must ensure that they have sufficient assistants present to appointed as fire marshals to facilitate a successful evacuation of all persons.	
Description of event Including any activities that may increase the risk of a fire occurring or change evacuation strategy for the building and compromise exits.) (eg. Alcohol, music, filming equip etc)		
Event Organizer (Named above)	Signature:	Date
Somerville Office staff (Only)	(Please return completed form to the	Bursary/Events Office)
Lodge Manager (College Fire Coordinator)	Additional Comments/Information	
Mark Ealey	Signature:	Date
Dave Simpson Catering & Conference Manager		
Dave Simpson	Signature:	Date
Deans Office (Representative of Deans Office)		
Name -	Signature:	Date

This form is to be used as a guide and is not exhaustive. All relevant information in connection with fire safety of an event should be submitted attached to this form.