RISK OF CAUSING NUISANCE

Self assessment form

If you are operating licensed premises, you should from time to time consider what risk there is of your business causing public nuisance and take action to control that nuisance as a good neighbour. We recommend doing this every 3 months as a minimum.

This self-assessment form will assist you do that and help you in writing an operating schedule to accompany a licensing application.

Complete Licensing can help you, please contact us for further help.

This is intended to be a simple process and by ticking the box for each question identify if the risk is low, medium, or high. It is likely that a combination of low, medium, and high risks will be identified for different parts of the assessment. Having carried out the risk assessment and identified possible sources of public nuisance you need to decide how you will control them.

You should then focus you attention as a priority in controlling those issues identified as a high risk. You may find it helpful to refer to the information in the guidance.





1. Activites at the p	premises	
Identify if activities at the premises have change you have not done so previously, or remaining o	ed from what took place previously. For example aropen later into the night?	e you having live entertainment / discos where
NO CHANGE IN ACTIVITY	SLIGHT CHANGE IN ACTIVITY	SIGNIFICANT CHANGE IN ACTIVITY
2. Noise check		
You may reproduce normal entertainment for th Open windows if these are necessary to Open entrance doors to replicate a cu	ngs, office etc) while noise sources are operating – is exercise by playing jukebox music at a noise level for ventilation.	that your entertainment is played at.
How much noise can you hear? NUMBER OF NEARBY BY PROPERTIES CHECK 2 3	ED AT 5	
LOCATION NR1	LOCATION NR2	LOCATION NR3
DATE TIME	DATE TIME	DATE TIME
NOISE LEVEL	NOISE LEVEL	NOISE LEVEL
Choose	Choose	Choose
LOCATION NR4	LOCATION NR5	PHOTOS & VIDEOS
DATE TIME	DATE TIME	We recommend taking photos and videos of this location and attaching them to this report. Please label this with the location and date e.g. NR5-31-01-24.jpg
NOISE LEVEL	NOISE LEVEL	
Choose	Choose	



3. Odour Check

Carry out an "Outdoor Check" to find out how much odour your premises makes.

- Take the role of someone passing by your premises. What odour cn you detect from your waste and bottle storage areas and drainage system?
- · If you cook food, check the odour coming from your extraction system.
- Do this by going down-wind from the extraction point (you may have to go some distance away) to the nearest dwelling or other premises that may be affected.
- Ensure the person making the assessment has not just come from the cooking area as their sense of smell will be affected.
- · How much odour can you detect?

ATE TIM	ME DATE				
		TIME	DATE	TIME	
DOUR LEVEL	ODOUR	LEVEL	ODOUR LEVE	ODOUR LEVEL	
Choose	Choos	Choose		Choose	
OCATION OC4	LOCAT	ION OC5	PHOTOS & V:	IDEOS	
			videos of this l	We recommend taking photos and videos of this location and attaching them to this report.	
DATE TIM	DATE DATE	TIME		is with the location DC5-31-01-24.jpg	
ODOUR LEVEL	ODOUR	LEVEL			
Choose	Choos	;e			



4. Litter Check

Carry out a litter check to find out how much litter and street-fouling comes from your premises or ends up near it.

- At times during, and always at the end of business survey the area around your premises and assess the amount of litter, waste, and street fouling that is present.
- Be sure to check the rear and sides of the premises as well as the frontage.
- Carry out the checks on a number of occasions that represent your typical business operation.
- If you hand out flyers check the area around where they are handed out.

OCATION LC1	LOCATION LC2	LOCATION LC2		LOCATION LC3	
ATE TIME	DATE	TIME	DATE	TIME	
ITTER LEVEL	LITTER LEVEL	LITTER LEVEL		LITTER LEVEL	
Choose	Choose	Choose		Choose	
ATE TIME	DATE LITTER LEVEL	TIME	Please label this and date e.g. LC	with the location	
ITTER LEVEL	LITTER LEVEL		and date e.g. LC	5-31-01-24.jpg	
Choose	Choose				



4. Light Polution Check

Carry out a check to find out how much light pollution is coming from your premises.

OCATION LI1	LOCATION LI2	LOCATION LI3
ATE TIME	DATE TIME	DATE TIME
IGHT POLUTION LEVEL	LIGHT POLUTION LEVEL	LIGHT POLUTION LEVEL
Choose	Choose	Choose
IGHT POLUTION LEVEL	DATE TIME LIGHT POLUTION LEVEL	Please label this with the location and date e.g. LI5-31-01-24.jpg
Choose	Choose	

