

/DPDU 8QLYHUVLW\
(+6 5LVN 0DQDJHPHQW

CAMPUS EVENT

CHECKLIST

Dept./Club/Organization: _____ Phone #: _____

Address: _____

Street Address

22.985(-)-3.01(-)-3.C518C0358a2p9t98.06 579.22 Tm ()i(-)-3.08 >>BDC EMCID Tm (

SECTION A APPLICANT CHECKLIST

Attach site plan/layout for event location

SITE SELECTION					
		Yes	No	N/A	Comments

1. Is the

SITE SELECTION

		Yes	No	N/A	Comments
14.	Have you inspected areas in close proximity to event location for standing water or mosquito breeding areas during the rainy season	R			

OPERATIONS					
		Yes	No	N/A	Comments
1.	Has 5LVN 0DQDJHPHQW HYHQW VDIHW\ SODQ DQG GLDJUDP"	R	R	R	If No, state why not: WKH YHG WKH VLWH
2.	Is setup planned such that aisle ways and doorways are free of cords, protrusions and other obstructions that could cause tripping, struckby injuries?	R	R	R	
3.	Have arrangements been made for emergency lighting? (Outdoor activities may meet this requirement with using S R U W D E O H O L J K W W U H H V	R	R	R	
4.	Have responsibilities for execution of emergency evacuation procedures been addressed?	R	R	R	
5.	Have appropriate accommodations been made for emergency evacuation of persons with disabilities? If Yes describe in comment box	R	R	R	
6.	Is event setup planned such that access to alarm activation and warning devices are kept clear and accessible?	R	R	R	
7.	Have security arrangements been confirmed with / D P D U 8 Q L Y H U V L W \ 3 R O L F H ' H S D U W P H Q W "	R	R	R	Date Confirmation Received:
8.	In addition to 7 above, have procedures been established for effective crowd control?	R	R	R	
9.	Have arrangement been made to set up barricades to clearly delineate areas for pedestrian and vehicular traffic?	R	R	R	
10.	Have arrangement been made to maintain radio communication between the event organizers and event staff?	R	R	R	
11.	Will event staff be clearly identifiable so that guests may request help or information? (How will they be made identifiable)	R	R	R	

12.

OPERATIONS				
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	Yes	No	N/A	Comments
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Will any Special Equipment, High Risk

13.

