

Lamar University

EHS & Risk Management

CAMPUS EVENT SAFETY CHECKLIST

Address: Name of Event: Event Time: Start Provide Detailed Descrip	Street Address		City Da	nte:		Zip Code
Name of Event: Event Time: Start	Street Address		City Da			Zip Code
Event Time: Start				ite:		
	End	Event Location: _				
Provide Detailed Descrip			Area	Blag.	or	Room #'s
	otion of Acti	ivities at the Event:				
Estimated Attendance: _		Admission	fees (if an	y): \$		
				,		
Outside Organiza	ation	LU Club/Organiza	tion		Unive	rsity Department
University Sponsor I		Faculty Advisor Nam		Eı		oordinator Name:
Tel:		Tel:		Te	el:	
Email:		Email:		Ei	naıl: _	

SECTION A APPLICANT CHECKLIST

Attach site plan/layout for event location

SITE SELECTION							
		Yes	No	N/A	Comments		
1.	Is the location selected appropriate for this type of event?	O	o	О			
2.	Has the occupancy load/limit been determined for location to be used?	O	О	О			
3.	Is the seating arrangement appropriate for the event?	O	О	О			
4.	Are stages and platforms appropriately guarded and edges and steps highlighted for clear visibility?	O	O	O			
5.	Is the location adequately illuminated for the time and type of event?	O	0	О			
6.	Have special lighting arrangement been made for outdoor location?	O	0	0			
7.	Does the location have at least two means of egress that are remote from each other?	О	O	О			
8.	Are all exits clearly visible and marked to identify them as such?	0	О	О			
9.	Are exits so arranged and maintained as to provide free and unobstructed egress from all occupied areas?	О	0	О			
10.	Have stairs/stairwells and handrails been inspected to assure that they are in good condition?	O	0	O			
11.	Will tents be used? Enclosed tents must comply with requirements of NFPA 101 & 102	O	0	O			
12.	Have walkways leading to and from the event site been inspected for potential slip & fall and trip & fall hazards?	O	О	0			
13.	Have grassy areas to be used or in close proximity been inspected for holes and other hazards?	O	O	О			

SITE	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, <u>during</u> the rainy season?	O	О	O				

-00	D & REFRESHMENTS			ı	
		Yes	No	N/A	Comments
1.	Is food preparation and service in accordance with LU Temporary Food Dealer's Permit Guidelines - Food & Food Preparations?	0	0	o	
2.	Have arrangements been made to keep perishable foods refrigerated until they are to be used?	O	0	0	
3.	Have arrangements been made to: • maintain 'hot foods' at a minimum of 165°F. • maintain cold foods at a maximum of 40°F.	O	О	O	
4.	Have arrangements been made for food handlers to wash their hands with soap and water?	O	o	O	
5.	Are facilities available for potable water?	0	0	О	
6.	Have arrangements been made for waste management and disposal? (During and after the event)	0	О	О	
7.	Has the health status of the individuals assigned for food preparation been established?	0	О	О	
8.	Will barbeque grill be setup at least 10 ft. from <u>any</u> building?	O	О	О	
9.	If alcohol is to be served , has applicant provided written authorization signed by University President?	0	o	О	
10.	Does individual serving alcoholic beverages have the appropriate TABC certification?	O	О	O	

JPE	RATIONS				
		Yes	No	N/A	Comments
1.	Has Risk Management reviewed the event safety plan and approved the site diagram?	O	o	O	If No, state why not:
2.	Is setup planned such that aisle ways and doorways are free of cords, protrusions and other obstructions that could cause tripping, struck-by injuries?	O	О	O	
3.	Have arrangements been made for emergency lighting? (Outdoor activities may meet this requirement with using portable light trees)	0	o	0	
4.	Have responsibilities for execution of emergency evacuation procedures been addressed?	O	О	О	
5.	Have appropriate accommodations been made for emergency evacuation for persons with disabilities? If Yes, describe in comment box	O	O	0	
6.	Is event setup planned such that access to alarm activation and warning devices are kept clear and accessible?	O	O	О	
7.	Have security arrangements been confirmed with Lamar University Police Department?	O	O	O	Date Confirmation Received:
8.	In addition to 7 above, have procedures been established for effective crowd control?	O	o	O	
9.	Have arrangement been made to setup barricades to clearly delineate areas for pedestrian and vehicular traffic?	O	О	o	
10.	Have arrangement been made to maintain radio communication between the event organizers and event staff?	o	o	0	
11.	Will event staff be clearly identifiable so that guests may request help or information? (How will they me made identifiable)	0	О	О	
12.	Are procedures in place to enforce the University "No Smoking" Policy?	0	О	O	

OPE	RATIONS				
		Yes	No	N/A	Comments
13.	Will any Special Equipment, High Risk Activity or Animals be involved in the event?	O	O	O	
	Have accommodations been made to assist persons with disabilities to fully participate in the event as planned?	О	О	О	
14.	θ Mobility Impairments				
	θ Sight Impairments				
	θ Speech Impairments				
	θ Hearing Impairments				
	θ Other				

EVE	EVENTS INVOLVING FIRE, FLAME AND/OR HEAT							
		Yes	No	N/A	Comments			
1.	Have all combustible decorative materials that will be used in building been treated with flame retardant?	0	0	0				
2.	Will there be a firework display at the event?	0	О	0				
3.	Do you plan to have a bonfire at the event?	0	0	0				
4.	Do you plan to have a barbecue at the event?	0	О	0				
5.	Will post-event area inspection be conducted to ensure that no fire or other hazards are left on site?	0	О	О				
6.	Will any open flame devices such as candles, food warmers be used?	0	О	0				

INSURANCE & CONTRACTS							
		Yes	No	N/A	Comments		
1.	Have all contracts with performers, vendors, suppliers, donors, etc. been reviewed signed by approved University authority?	0	O	O			
2.	Have participants involved in high-risk activities been asked to complete a liability waiver?	0	O	o			

PLEASE SIGN BELOW

Failure to complete and sign this form will delay the review process

Name of Applicant (printed):							
Signature:	Date:						
Name of University Sponsor/Faculty Adviser/ Event Coordinator (printed):							
Signature:	Date:						

Don't Forget to Attach Site Diagram