

OPERATIONS					
		Yes	No	N/A	Comments
1.	Has Risk Management reviewed the event safety plan and approved the site diagram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3.	Have arrangements been made for emergency lighting? 2 WGRUDFWLWVHVPDPHHWWK UHTKHPHQVVKQ portable light trees+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4.	Have responsibilities for execution of emergency evacuation procedures been addressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5.	Have appropriate accommodations been made for emergency evacuation for persons with disabilities? If Yes, describe in comment box	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6.	Is event setup planned such that access to alarm activation and warning devices are kept clear and accessible?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7.	Have security arrangements been confirmed with Lamar University Police Department?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Date Confirmation Received:
8.	In addition to 7 above, have procedures been established for effective crowd control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.	Have arrangement been made to setup barricades to clearly delineate areas for pedestrian and vehicular traffic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.	Have arrangement been made to maintain radio communication between the event organizers and event staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.	Will event staff be clearly identifiable so that guests may request help or information? (How will they me made identifiable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12.	Are procedures in place to enforce the University "No Smoking" Policy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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13.	Will any Special Equipment, High Risk Activity or Animals be involved in the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14.	Have accommodations been made to assist persons with disabilities to fully participate in the event as planned? <input type="radio"/> Mobility Impairments <input type="radio"/> Sight Impairments <input type="radio"/> Speech Impairments <input type="radio"/> Hearing Impairments <input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2.	Will there be a firework display at the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3.	Do you plan to have a bonfire at the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4.	Do you plan to have a barbecue at the event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5.	Will post-event area inspection be conducted to ensure that no fire or other hazards are left on site?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6.	Will any open flame devices such as candles, food warmers be used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

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