

# Off-Campus Event Risk Assessment Form

Name of Sponsoring Group: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

Phone Number and E-Mail: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Location: \_\_\_\_\_

Events Date(s) and Times: \_\_\_\_\_

Approximate Expected Attendance: \_\_\_\_\_

The following checklist is designed to provide **guidance** to Event Coordinators for analyzing and minimizing risks to people and property during University-sponsored activities and events. It is understood that not all risks can be known or prevented. Event Coordinators may identify additional risks not on this list, and should add additional pages, as needed. Descriptions do not need to be long, but provide sufficient information for Risk Management evaluation of risks.

**PLEASE DESCRIBE THE FOLLOWING AS THEY PERTAIN TO YOUR ON- OR OFF-CAMPUS EVENT:**

1. Describe transportation arrangements and corresponding driver training and auto insurance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Describe overnight arrangements: \_\_\_\_\_

\_\_\_\_\_

3. Describe, background checks that have been performed for all group leaders. \_\_\_\_\_

\_\_\_\_\_

4. Describe how University conduct policies and procedures, including drug and alcohol policies, have been provided and explained to participants and participating staff. \_\_\_\_\_

\_\_\_\_\_

5. Describe how event travel, purchases, transportation, and coordination adhere to University & State policies, including purchasing and travel policies.

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\_\_\_\_\_

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6. Please provide a copy of the proposed waivers for the event including a description of potential risks which the participants may encounter that may pose additional risks such as mountainous terrain, exposure to animals, snow activities, high-altitudes, sports, etc.

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7. For overnight trips, describe how the leaders and participants have been provided travel safety and preparation, detailed itineraries, and cultural orientations. \_\_\_\_\_

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8. Describe the emergency response plan (or attach written plan) and the training and preparation the Event Coordinator(s) and group leaders have received to implement the plan.

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9. Describe the First Aid training/certification for staff and the first Aid equipment which will be taken on the event.

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10. If needed, describe the ADA accommodations that have been considered and implemented:

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11. If possible, has a safety walk-through of the facility(ies) been performed? If so, please describe what adjustments have been made to help minimize risks/injuries (Consider: fire-safety; excessive noise levels; slip/trip/fall hazards such as uneven, wet, unstable surfaces; protruding or sharp objects; ; temperature/weather extremes; secure overhead objects; escape routes/exits/hallways clear, etc.): \_\_\_\_\_

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12. Are there other potential risks that you would like to or discuss with Risk Management?

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**Submit the Risk Assessment Form to the Office of EHS & Risk Management**

**Email: [riskmanagement\\_ehs@lamar.edu](mailto:riskmanagement_ehs@lamar.edu)**

**Fax: 409-880-7977**