Event Safety Planning List

Event Name: Event Date(s): Event Location: Total Number of Attendees Expected: Event Organizer: Event Day On-site Contact: Venue Contact: Event Day On-site Contact:

# Planning (Venue)

## Have the following been conducted or discussed with venue owners?

o Initial meeting conducted o Venue rules/requirements o Site walk-through conducted o Event map constructed

# Risk Management

o Insurance o Contracts/indemnification o Participant liability waivers o Supplemental insurance

**Communications**

## Has the following information been conveyed to event attendees?

o Logistics (time, place, etc.) o Parking plan/area(s)

o Safety/venue requirements o Areas where vehicles are not permitted

o Meals provided or not o Items prohibited at the event

# General Safety

**Have the following safety issues been addressed?**

|  |  |  |
| --- | --- | --- |
| o Attendee safety movement Planned? | o Road closures/barricaded areas | o Drinking water at the event |
| o Tripping hazards (cords, etc.) | o Risk assessments done | o Other  |
| o PPE (gloves, vests, etc.) needed | o Pest control |   |

# Fire

## Have fire hazards been identified and addressed? \*

o Fire extinguishers in place o Evacuation process

o Sources of heat/sparks/open flames o Muster locations established

o Emergency vehicle access o Fire exits/access clear

\*All venues will need

# Medical

## Are the following medical protocols or equipment in place?

o First-aid kit/AED o On-site EMT or medical officer o Closest ER or hospital identified

|  |  |  |
| --- | --- | --- |
| **Hygiene and Sanitation** |  |  |
| **Is basic sanitation being- provided?**o Portable toilets | o Janitorial staffing | o Trash disposal |

# Food Handling

## Have the following food safety issues been addressed?\*

o Licensed caterers used o Gloves for servers o Handwashing stations/sinks

o Food properly covered o Outside serving under cover/tent

**\*Note: In some municipalities, food service permits may be needed for selling, preparing, or distribution of food.**

# Security

## Have the following security issues been addressed?

o Check-in/out process o Armed intruder/suspicious person o Security guards/police needed

o Missing Brother o Bomb threat/suspicious package

# Severe Weather

## Have plans for weather emergencies been addressed?

|  |  |  |
| --- | --- | --- |
| o Go/no-go criteria for event | o Lightning/thunderstorms | o Hurricane |
| o Shelters identifiedo Method to notify attendees | o Tornadoes/windstorms o Snow/cold weather | o Flooding |
| **Miscellaneous** |  |  |
| **Have any unique hazards been evaluated?**o Live animals |  |  |

o Noise/neighbors o Other