

APPENDIX A EVENT RISK ASSESSMENT FORM

(To be completed and submitted by the Friday, **two weeks prior**, to your event to the Student Life Office 4pm, SUB 306)

All events must abide by and follow the StFX Community Code, Harassment Policy, Alcohol Policy, Hazing Policy, as well as the StFX Students' Union By-Laws and Policy Manual

PART I: RISK ASSESSMENT

To be completed by Primary Event Organizer:

Please circle all that apply:			
Alcohol	No Alcohol	Prior to Event	At Event
Travel	Within Nova Scotia	Within Canada	Outside of Canada
Physical Activity	Walking, No activity	Dancing, Skating Running, etc.	etc.
Community Relations	Event on-campus	Event in Town of Antigonish	Event out of Town of Antigonish
Food Risk	No Food/Sodexo Catered	Externally Catered	Prepared by Group

PART II: PRIMARY EVENT ORGANIZER (PEO) INFO: MUST HAVE RISK ASSESSMENT TRAINING

Name: _____ Position: _____

PEO Telephone # during the event: _____ Email: _____

Name of Event: _____ Hosting Group: _____

Event Date(s): _____ Start/End Time: _____

Description of Event: ATTACH A SEPARATE SHEET WITH ALL DETAILS OF YOUR EVENT

Outline: The what, when, how, including a complete schedule, list of awards, etc. Description Attached: Yes No

PART III: GENERAL INFORMATION

Number of Persons Attending: _____

Will Guests be attending from outside the sponsoring student group? Yes No If yes, check all that apply:

Other StFX Students	Faculty/Staff	Non StFX Students (Under 19)	Non StFX Students (19+)	Local Community
StFX ID Required		Government ID Required		

Is this event Off Campus? YES NO Venue and/or Location of Event: _____

Yes No Does venue handle security? If Yes, please attach security plan.

Alcohol Involved? YES NO

If yes, check all that apply:

Prior to Event	At Event	Dry Event	License Obtained	All guest 19+

PART IV: TO BE COMPLETED CONFERENCE SERVICES

The purpose of this section is to ensure Conference Services has met with each group and received your event booking.

Confirmed		Not Required		Additional Comments
Security	X Patrol _____			
	Full time _____			
Food	External	Group	Sodexo	
Facilities Booking	KX # _____			
Alcohol				
Can the event accommodate the following (Please circle all that apply):				
Wheel Chairs and Mobility Devices		People with Visual Impairments		People with Hearing Impairments
If no, is the organizer open to making accommodations if requested? Yes or No				
Additional Comments:				

Conference Services Signature: _____ **Date:** _____

PART V: TRAVEL, PHYSICAL ACTIVITY AND COMMUNITY RELATIONS

Travel Involved? YES NO → If NO, skip to Physical Activity section

		Within NS	Within Canada	Outside Canada
Transportation Details	Air/Train			
	Personal Vehicle		N/A	N/A
	Rental Vehicle (no 15 passenger vehicles)			
	Rental Bus			
	<i>Name of Rental Company:</i>			
Documentation		Yes – Submitted with form		No
	Travel Waivers			
	List of attendees submitted			
	Emergency Response Plan			
	Bus Monitor			
	Proof of Insurance, Rental Agreement and ticket information attached			

Yes No Will intoxicated individuals be permitted to travel back with the group? Please include plan.

All Waivers and Contracts can be found online at http://sites.stfx.ca/student_life/student_event_planning

Physical Activity /Safety Risk Involved? YES NO If NO, skip to Community Relations

Supervision	Example	Moderate physical activity Dancing, skating, running, etc.	High physical activity Ice hockey, skiing, rock climbing, etc.	Personal safety issues Walking after dark, working with 'at risk' persons, etc.
	Specify:			
Facilities & Equipment		Please list all equipment to be used for your event:		
	Specify:			
Documentation		Will approved waivers be administered prior to event? (See Part III – Waivers & Contracts)		
	Specify:			

Proof of First Aid Submitted Yes No

** A photocopy of current first aid certificate is required for any event that involves physical activity, if StFX Security are not present**

Community Relations (On or Off Campus) Risk Involved? YES NO

	Yes	No	N/A
Will there be amplified music/speeches?			
Will noise by-laws be adhered to? (if required please attach)			
Is event or activity being hosted in a residential neighborhood?			
Completed letter of notice to be sent to neighbors and surrounding businesses included?			
Are house speakers required?			

PART VI: RESOURCES, please do not hesitate to contact the below when planning your event

Additional Resources:	Name	Email	Phone
Event Review Committee		erc@stfx.ca	
VP Activities and Events	Rachel LeBlanc	su_activ@stfx.ca	902.867.2220
VP Residence Affairs	Joelle French	suresaffairs@stfx.ca	902.867.5152
Athletic Bookings	James Okner	jokner@stfx.ca	902.867.5312
Food Services	Kevin Fraser	kfraser@stfx.ca	902.867.2491
Residence Education Coordinator	Jan Boomhouwer	jboomhou@stfx.ca	902.867.3848
Residence Life Coordinator	Tyler McKone	tmckone@stfx.ca	902.867.3307
	Olivia Winder	owinder@stfx.ca	902.867.5332
	Miriam Illman-White	millman@stfx.ca	902.867.5034

PART VII: PRIMARY EVENT ORGANIZER CONTRACT

Primary Event Organizer Must Sign this Contract – To be submitted with, completed, Risk Assessment Form

I, _____ hereby agree to act as the primary event organizer on _____ (date)
(print name)

on behalf of _____ for the event _____
(student group)

By signing the below, I agree to uphold all of the requirements of the Primary Event Organizer:

- 1) I am responsible for organizing the event and may have personal liability related to the event.
- 2) I will ensure that the planning and execution of the event is as stated in this document and complies with the student event risk management policy and all recommendations of the Event Review Committee.
- 3) I will ensure that the rules/procedures for the event are posted for all participants and will not advertise this event until official approval has been received by the Event Review Committee.
- 4) I will ensure that the waivers and/or a list of names of all event participants are collected when required prior to the event taking place.
- 5) I will not consume any alcohol the day of the activity/event until it ends and all of the participants and have safely dispersed.
- 6) I will, after consulting with the appropriate staff, agree to shut down or cancel an event if it is or becomes unsafe.

Signature: _____

Date: _____

PART VIII: EVENT SIGNATURE FORM – Please obtain signatures that correspond with your position

StFX Events signatures required:

	<u>Name (printed)</u>	<u>Signature</u>	<u>Date</u>
A) Primary Event Organizer	_____	_____	_____
B) VP Activities and Events	_____	_____	_____
C) VP Student Internal (House Council Only)	_____	_____	_____
D) Residence Life Coordinator (RLS and House Council)	_____	_____	_____

FINAL APPROVAL:

Event Review Committee:

Name _____ Date: _____

Director of Student Life