

## 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:			
<b>Alcohol</b>	No Alcohol	Prior to Event	At Event
<b>Travel</b>	Within Nova Scotia	Within Canada	Outside of Canada
<b>Physical Activity</b>	Walking, No activity	Dancing, Skating Running, etc.	etc.
<b>Community Relations</b>	Event on-campus	Event in Town of Antigonish	Event out of Town of Antigonish
<b>Food Risk</b>	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		
<b>Security</b>	X Patrol _____					
	Full time _____					
<b>Food</b>	External	Group	Sodexo			
<b>Facilities Booking</b>	KX # _____					
<b>Alcohol</b>						
<b>Can the event accommodate the following (Please circle all that apply):</b>						
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
<b>Transportation Details</b>	Air/Train			
	Personal Vehicle		N/A	N/A
	Rental Vehicle (no 15 passenger vehicles)			
	Rental Bus			
	<i>Name of Rental Company:</i>			
<b>Documentation</b>		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://www2.mystfx.ca/student-life/student-event-planning>

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

<b>Supervision</b>	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:			
<b>Facilities &amp; Equipment</b>		Please list all equipment to be used for your event:		
	Specify:			
<b>Documentation</b>		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	Sean Hopkins	su_activ@stfx.ca	902.867.2220
VP Residence Affairs	Kallie Ross	vp_resaffairs@stfx.ca	902.867.5152
Athletic Bookings	James Okner	jokner@stfx.ca	902.867.5312
Food Services	Tim Hierlihy	thierlih@stfx.ca	902.867.2491
Coordinator, Student Development	Kerri Arthurs	karthurs@stfx.ca	902.867.3848
Residence Life Coordinator	Mikayla MacDonald	mcmacdon@stfx.ca	902.867.3307
	TBD	@stfx.ca	902.867.5332
	Connor MacLeod	cmacleod@stfx.ca	902.867.5034
	Max Toulch	mtoulch@stfx.ca	902.867.3624

**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:**

<b>Event Review Committee:</b>	
Name _____	Date: _____
Director of Student Life	