

EVENT RISK ASSESSMENT FORM

(To be completed and submitted to the Student Life Office by the Friday, **two weeks prior**, to your event 4pm, SUB 306). The Primary Event Organizer is responsible for this information and must be present at the event.

The Risk Matrix, PEO guidelines, and travel and physical activity waivers are available at:
<http://www2.mystfx.ca/student-life/student-event-planning>

For guidance with your event planning please contact the Students' Union VP Events and Activities
su_events@stfx.ca

PART 1: Primary Event Organizer (PEO) Information

Name: _____ Hosting Group: _____

Position: _____

Contact # during the event: _____ Email: _____

PART 2: Event information

Name of Event: _____ Hosting Group: _____

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

Estimated number of attendees: _____

Virtual or in person?: _____

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

PART 3: Risk Assessment and Safety Measures

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

How will you ensure the provincial health regulations and campus health protocols related to the pandemic are adhered to? What measures will you have in place to prevent the risk of community spread of COVID-19? (see <https://novascotia.ca/coronavirus/what-it-means-for-nova-scotians/> and www.stfx.ca/coronavirus for the most up to date restrictions)

Use the space at the end of the form if required.

Will Alcohol be available or present at the event? YES NO

If yes, please provide details:

Will travel be involved? YES NO

If yes, please provide details (i.e. rental bus, personal vehicles, walking):

Please attach copies of valid driver's licenses and insurance info for personal vehicles used.

Physical Activity /Safety Risk Involved? YES NO

If yes, please provide details of the risks and safety measures:

Please attach copies of First Aid Certificates.

Will the event disrupt or impact the community (on or off campus)? For example, amplified music or speeches, taking place in a neighborhood, traffic disruptions, etc. YES NO

If yes, please provide details of the risks and safety measures:

PART 4: To be Completed by Conference Services

Please allow 24 hours for Conference Services to complete this section. They may request to meet with you for more details.

Facilities booked kX # _____

Alcohol Service:

Security required : # full time Security _____ # of X Patrol _____ Confirmed

Sodexo catered Group provided Food Waiver Other _____

Notes:

Conference Services Representative: _____ Date: _____

PART 5: Acknowledgement and Agreement

As the Primary Event Organizer for this event, I acknowledge my responsibility for the following:
(check each)

- I am responsible for organizing the event and may have personal liability related to the event.
- I will ensure that the planning and execution of the event is as stated in this document and complies with the Code of Conduct, university policies, StFX Students' Union and all recommendations of the Event Review Committee.
- 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.
- 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.
- I will not consume any alcohol the day of the activity/event until it ends and all of the participants and have safely dispersed.
- I will, after consulting with the appropriate staff, agree to shut down or cancel an event if it is or becomes unsafe.

PEO Name: _____ Signature: _____ Date _____

Events in residence require approval of the Residence Life Coordinator (RLC).

RLC Name: _____ Signature: _____

Event Review Committee

Approved? YES NO Pending

Date Reviewed: _____

Feedback:

ERC Approval: _____ Signature: _____ Date: _____
Director, Student Life