

Event Risk Assessment Form

Step 1: PEO Contact & Event Details

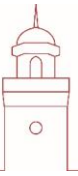
Who is the **Primary Event Organizer (PEO)** for this event? While others may be involved in running an event, one member of the group hosting the event must lead the event planning process.

Contact Information

PEO Name		PEO Position	
PEO Telephone (contact during event)		Email Address	
Proposed Event Name		Hosting Organization or Group	
Proposed Date		Start & End Times	
Number of participants expected		Proposed Location	

Detailed Description

Write a detailed outline of your event (include what, when, how, event schedule, list of awards, etc). A separate document should be attached if necessary. **Separate document / schedule attached**



Step 2: Initial Risk Assessment

Please check the box for situations that apply to your event.

	Low Risk	Moderate Risk	High Risk
Alcohol	<input type="checkbox"/> No Alcohol involved	<input type="checkbox"/> Alcohol could/will be consumed before event	<input type="checkbox"/> Alcohol present at event
Travel	<input type="checkbox"/> Local travel (<1hr travel time by car)	<input type="checkbox"/> Within Maritime Provinces <input type="checkbox"/> Within Canada	<input type="checkbox"/> Outside of Canada
Physical Activity	<input type="checkbox"/> Walking, no activity	<input type="checkbox"/> Skating, running, hiking, etc.	<input type="checkbox"/> Rock climbing, skiing, etc.
Community Relations	<input type="checkbox"/> Event on-campus	<input type="checkbox"/> Event in Town of Wolfville	<input type="checkbox"/> Event outside of Wolfville
Food Risk	<input type="checkbox"/> None <input type="checkbox"/> Store-bought snacks <input type="checkbox"/> Catered by internal provider (Chartwells/ASU)	<input type="checkbox"/> Food catered by external provider	<input type="checkbox"/> Food prepared by group or event organizers

If your event **does not** involve any situations falling under the Moderate or High Risk categories, you may skip to step 9. Approval of your event will be expedited.

Step 3: Alcohol Details

Will **alcohol** be involved before, during or after event?

Yes **No** ➔ If **No**, skip to Step 4.

Check all that apply:

- Alcohol may be consumed before the event
- Alcohol will be consumed at event
- Dry event (no alcohol present at event)
- All guests will be 19+
- Guests will be all-ages

Who can attend your event?

- Limited to members of host group / organization
- Limited to building residents
- On-campus residents
- Acadia students
- Non-student guests

Number of staff required

Details/Comments

	Number of staff required	Details/Comments
Campus Patrol		
Safety & Security		
Axe Lounge Staff		
Resident Assistants		

Step 4: Travel Details

Will your event require **travel**?

Yes **No** ➔ If **No**, skip to Step 5.

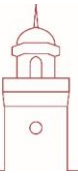
	Local Travel*	Within NS, NB, PEI	Within Canada	Outside of Canada
Air, Train, Bus	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Rental Vehicle**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Company / Bus, Airline etc.				
Destination				

* Local travel includes travel by car under one hour travel time (within Annapolis Valley, to Halifax/Dartmouth, etc.).

** Large capacity (15 passenger) vans are not permitted for rental use.

Attach the following documentation:

- Attendance List
- Proof of insurance (if personal vehicle)
- Rental agreement
- Ticket information
- Trip itinerary
- Travel waivers



Step 5: Physical Activity Details

Will your event involve **physical activity**?

Yes **No** → If **No**, skip to Step 6.

	Moderate Risk Activity	High Risk Activity	Personal Safety Concerns
Examples	Dancing, ice skating, running, soccer, hiking, etc.	Ice hockey, downhill skiing, rock climbing, etc.	Walking after dark, working with "at-risk" individuals, etc.
Activity			
Facilities			
Equipment			
Who can provide First Aid?	<input type="checkbox"/> Residence Life Staff present <input type="checkbox"/> Facility Staff (e.g. Ski Patrol) <input type="checkbox"/> Campus Patrol / Safety & Security Staff present <input type="checkbox"/> Hosting group representative – provide name and attach proof of First Aid		

Step 6: Food Service Details

Events involving Alcohol require food to be served.

Will your event require **food service**?

Yes **No** If **No**, skip to Step 7.

How will food be obtained?

- Catered by Chartwells
- Catered by ASU
- External (Catering, restaurant, etc.)
- Store-bought food or snacks

Checklist

- Special dietary needs can be met
- ??

Step 7: Community Relations Details

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Event will use amplified sound equipment | → | <input type="checkbox"/> Residence quiet-hours will be adhered to |
| <input type="checkbox"/> Event will be hosted in a residence building on-campus | → | <input type="checkbox"/> Residence visitor policies will be adhered to |
| <input type="checkbox"/> Event will be hosted in a residential neighbourhood | → | <input type="checkbox"/> Town of Wolfville Noise By-Laws will be adhered to |
| | → | <input type="checkbox"/> Neighbours and surrounding businesses will be notified |

Step 8: Risk Rating & Controls

Think about **ALL** the possible risks of hosting your event. What can you do to try and reduce these risks?

Complete the **Risk Ratings and Controls Grid** and attach the completed grid to this document at time of submission.

What is the **Total Risk Rating** for your event, before and after controls are applied?

Initial Risk Rating (No Controls)

- 20-25 Extreme Risk
- 14-20 High Risk
- 8-12 Moderate Risk
- 0-6 Low Risk

25

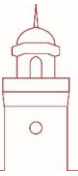


Updated Residual Risk Rating (With Controls)

- 20-25 Extreme Risk
- 14-20 High Risk
- 8-12 Moderate Risk
- 0-6 Low Risk

25

If your event is rated at a **Low Risk** level after controls are applied, approval of your event may be expedited after review of your rating and control grid.



Step 9: Primary Event Organizer Contract

I, _____ (print name) hereby agree to act as the Primary Event Organizer on _____ (date) on behalf of _____ (your organization or group) for the event _____ (event name).

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

1. I understand that I am responsible for organizing and planning 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? Procedure? ASU policies?] and all recommendations of the Event Review Committee.
3. I will ensure that rules and procedures for the event are communicated to event participants.
4. I agree to withhold any advertisement or promotion of this event until official approval has been granted by the Event Review Committee.
5. I will ensure that, where required, the necessary waivers and/or list of event participants has been collected and submitted prior to the event taking place.
6. I will not consume any alcohol or recreational drugs on the day(s) of the event, until the event is complete and all participants have safely dispersed.
7. I will, after consulting with appropriate staff, agree to shut down or cancel an event if it is or becomes unsafe.

Signature

Date

Step 10: Event Approval Status

The Student Event Review Committee will examine your event proposal on the earliest Monday after submission (when offices are open). Primary Event Organizers are not required to obtain signatures – the relevant staff will be present at committee meetings. If a follow-up meeting is required, the meeting time will be indicated below. If you are unavailable at the stated time, please contact the individual you will be following up with to reschedule.

Event Approved

Event Approved, with recommendations required

Follow-up meeting required before approval can be granted

SERC comments, changes or recommendations required	
Follow-up meeting time (if required)	Time / Date / Name / Location

Representative	Print Name	Signature
Safety and Security		
ASU Management		
ASU Executive		
Residence Life / Student Services		

