

# EVENT RISK ASSESSMENT FORM

(To be completed and submitted to the Student Life Office by the Friday, **two weeks prior**, to your event 4pm, room 424 Bloomfield Centre). 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](mailto: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:			
<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

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](http://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*