

# Lamar University

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## & \$ 0 3 8 EVENT SAFETY CHECKLIST

Dept./Club/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event Time: Start \_\_\_\_\_ End \_\_\_\_\_ Event Location: \_\_\_\_\_  
Area Bldg. or 5 R R P ¶ V

Provide De





# OPERATIONS

OPERATIONS					
		Yes	No	N/A	Comments
13.	Will any Special Equipment, High Risk Activity or Animals be involved in the event?	R	R	R	
14.	Have accommodations been made to assist persons with disabilities to fully participate in the event as planned? T Mobility Impairments T Sight Impairments T Speech Impairments T Hearing Impairments T Other	R	R	R	

EVENTS INVOLVING FIRE, FLAME AND/OR HEAT					
		Yes	No	N/A	Comments
1.	Have all combustible decorative materials that will be used in building been treated with flame retardant?	R	R	R	
2.	Will there be a firework display at the event?	R	R	R	
3.	Do you plan to have a bonfire at the event?	R	R	R	
4.	Do you plan to have a barbecue at the event?	R	R	R	
5.	Will post-event area inspection be conducted to ensure that no fire or other hazards are left on site?	R	R	R	
6.	Will any open flame devices such as candles, food warmers be used?	R	R	R	

INSURANCE & CONTRACTS					
		Yes	No	N/A	Comments
1.	Have all contracts with performers, vendors, suppliers, donors, etc. been reviewed signed by approved University authority?	R	R	R	
2.	Have participants involved in high-risk activities been asked to complete a liability waiver?	R	R	R	

**PLEASE SIGN BELOW**

*Hcknwtg"vq"eq o rngvg"cpf"uk i p"v j ku" hqt o " y km" fgnc {"v j g" tgxkgy "rtqeguu"*

Name of Applicant (printed): _____	
Signature: _____	Date: _____
Name of University Sponsor/Faculty Adviser/ Event Coordinator (printed): _____	
Signature: _____	Date: _____

**Don't Forget to Attach Site Diagram**