



## EVENT LOSS CONTROL PLANNING CHECKLIST

**Dept./Club/Organization:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

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

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

**Event Time:** Start \_\_\_\_\_ End \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
Area Bldg. or Room #'s

**Brief Description of Activities at the Event:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** *Attach copy of floor plan identifying the event setup (Mandatory)*

**Estimated Attendance:** \_\_\_\_\_ **Admission fees (if any):** \$ \_\_\_\_\_

**Outside Organization**  
**University Sponsor Name:** \_\_\_\_\_

**Tel:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**FIU Club/Organization**  
**Faculty Advisor Name:** \_\_\_\_\_

**Tel:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**University Department**  
**Event Coordinator Name:** \_\_\_\_\_

**Tel:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

## SECTION A APPLICANT CHECKLIST

*Attach site plan/layout for event location*

SITE SELECTION					
		Yes	No	N/A	Comments
1.	Is the location selected appropriate for this <u>type</u> of event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Has the occupancy load/limit been determined for location to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Is the seating arrangement appropriate for the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SITE SELECTION					
		Yes	No	N/A	Comments
4.	Are stages and platforms appropriately guarded and edges and steps highlighted for clear visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Is the location adequately illuminated for the time and type of event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have special lighting arrangement been made for outdoor location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Does the location have at least two means of egress that are remote from each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Are all exits clearly visible and marked to identify them as such?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Are exits so arranged and maintained as to provide free and unobstructed egress from all occupied areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Have stairs/stairwells and handrails been inspected to assure that they are in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Will tents be used? Enclosed tents must comply with requirements of NFPA 101 & 102 See <b>University Safety Compliance Guide 219</b> <a href="http://www.fiu.edu/~ehs/guidance/219.pdf">www.fiu.edu/~ehs/guidance/219.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Have walkways leading to and from the event site been inspected for potential slip & fall and trip & fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Have grassy areas to be used or in close proximity been inspected for holes and other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Have you inspected areas in close proximity to event location for standing water or mosquito breeding areas, <u>during the rainy season?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOOD & REFRESHMENTS					
		Yes	No	N/A	Comments
1.	Is food preparation and service in accordance with health-department standards (F.A.C. 10D-13.0121)? See food safety guidelines at <a href="http://www.fiu.edu/~ehs/generalsafety/food/foodguide.htm">www.fiu.edu/~ehs/generalsafety/food/foodguide.htm</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have arrangements been made to keep perishable foods refrigerated until they are to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have arrangements been made to: <ul style="list-style-type: none"> <li>• maintain 'hot foods' at a minimum of 160 °F.</li> <li>• maintain cold foods at a maximum of 40 °F.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have arrangements been made for food handlers to wash their hands with soap and water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Are facilities available for potable water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have arrangements been made for waste management and disposal? (During and after the event)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Has the health status of the individuals assigned for food preparation been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Will barbeque grill be setup at least 10 ft. from <u>any</u> building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	If alcohol is to be <b>serv</b> ed, Has applicant provided written notification to Vice President Student Affairs and Chair of the Substance Abuse Taskforce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Have legally required permits been obtained from the Division of Alcoholic Beverages and Tobacco for the <b>sale</b> of alcohol? Permits must be posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OPERATIONS					
		Yes	No	N/A	Comments
1.	Has clearance for this event been received from the Facilities Management Department? Contact Facilities Management Event Coordinator: (305) 348-4610	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No, state why not:
2.	Is setup planned such that aisle ways and doorways are free of cords, protrusions and other obstructions that could cause tripping, struck-by injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have arrangements been made for emergency lighting? <i>(Outdoor activities may meet this requirement with using large battery operated flashlights)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Have responsibilities for execution of emergency evacuation procedures been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Have appropriate accommodations been made for emergency evacuation for persons with disabilities? If Yes, describe in comment box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Is event setup planned such that access to alarm activation and warning devices are kept clear and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Have security arrangements been <u>confirmed</u> with Public Safety Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Confirmation Received:
8.	In addition to 7 above, have procedures been established for effective crowd control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Have arrangement been made to setup barricades to clearly delineate areas for pedestrian and vehicular traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Have arrangement been made to maintain radio communication between the event organizers and event staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OPERATIONS					
		Yes	No	N/A	Comments
11.	Will event staff be clearly identifiable so that guests may request help or information? (How will they be made identifiable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Have responsible individuals been identified to conduct roving inspections during event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Are procedures in place to enforce the University "No Smoking" Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Will any Special Equipment, High Risk Activity or Animals be involved in the event? Resource: <a href="http://www.fiu.edu/~ehs/riskmgmt/specialevents/hazcat.htm">www.fiu.edu/~ehs/riskmgmt/specialevents/hazcat.htm</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Have accommodations been made to assist persons with disabilities to fully participate in the event as planned?  <input type="checkbox"/> Mobility Impairments <input type="checkbox"/> Sight Impairments <input type="checkbox"/> Speech Impairments <input type="checkbox"/> Hearing Impairments <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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? See University Safety Compliance Guide 212 <a href="http://www.fiu.edu/~ehs/guidance/212.pdf">www.fiu.edu/~ehs/guidance/212.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Will there be a firework display at the event? <i>If Yes, please log on to <a href="http://www.fiu.edu/~ehs/fire/fireworks.htm">www.fiu.edu/~ehs/fire/fireworks.htm</a> to obtain University policy and permitting procedures related to fireworks.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EVENTS INVOLVING FIRE, FLAME AND/OR HEAT					
		Yes	No	N/A	Comments
3.	Do you plan to have a bonfire at the event? <i>If Yes, please log on to <a href="http://www.fiu.edu/~ehs/fire/bonfire.htm">www.fiu.edu/~ehs/fire/bonfire.htm</a> to obtain permitting procedures and University guidelines related to bonfires.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you plan to have a barbeque at the event? <b>See University Safety Compliance Guide 217</b> <a href="http://www.fiu.edu/~ehs/guidance/217.pdf">www.fiu.edu/~ehs/guidance/217.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Will post-event area inspection be conducted to insure that no fire or other hazards are left on site? (e.g. lit cigarette butts, )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Will any open flame devices such as candles, food warmers be used? <b>See University Safety Compliance Guide 208</b> <a href="http://www.fiu.edu/~ehs/guidance/208.pdf">www.fiu.edu/~ehs/guidance/208.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSURANCE & CONTRACTS					
		Yes	No	N/A	Comments
1.	Has an event liability evaluation been completed? <i>Please use the Event Liability Coverage chart available at <a href="http://www.fiu.edu/~ehs/riskmgmt/specialevents/eventliability.htm">www.fiu.edu/~ehs/riskmgmt/specialevents/eventliability.htm</a> to perform this evaluation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Have all contracts with performers, vendors, suppliers, donors, etc. been reviewed signed by approved University authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have participants involved in high-risk activities been asked to complete a liability waiver or Assumption of Risk Form? <i>If Yes, attach copy of waiver that will be used</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PLEASE SIGN BELOW**

*Failure to complete and sign this form will delay the review process*

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