RISK MANAGEMENT PLAN GUIDE

Sponsoring Dept./Organization: ________________________________

Proposed Event/Topic: _______________________________________

Purpose & Support of University Mission: _______________________

Submission Date: ____________ (Please note 10 business days prior to event is required) Date & Time of Event: _______________________

Name & Contact Information of Student, Faculty, or Staff Member: ____________________________________________________________

Name of TU Faculty or Staff Advisor: ___________________________

If a third party will be used for this event please provide their name: __________________________________________________________

If yes, did the third party provide a contract? ☐ Yes ☐ No ☐ N/A Please submit contract to Risk Management for review.

Have there been any protests or disturbances regarding this topic over the past year? ☐ Yes ☐ No ☐ N/A

Has the speaker been involved in any protests or disturbances over the past year? ☐ Yes ☐ No ☐ N/A

If applicable, will the Advisor oversee the event? ☐ Yes ☐ No ☐ N/A

If no, what other Trinity University employee will oversee the event? _______________________________________________________

If applicable, does this organization have a national affiliation? ☐ Yes ☐ No ☐ N/A

If applicable, is this organization incorporated? ☐ Yes ☐ No ☐ N/A

Type of Event: ☐ Concert/music/entertainment ☐ Social Activity – no entertainers
☐ Sports/recreational activity ☐ Guest speaker/lecture ☐ Other: ________________________________

Location of Event: (be specific) ________________________________

How will the event be advertised? ________________________________________________________________

If off-campus, will you coordinate transportation? ☐ Yes ☐ No ☐ N/A If yes, type of Transportation: ________________________________

Authorized Driver: ___________________________________________ Backup Authorized Driver: ________________________________

Check all that apply: ☐ Outdoors ☐ Ticketed ☐ Open only to TU ☐ ID Checked ☐ Open to Public ☐ Minors Involved

Is there a charge to attend the event? ☐ Yes ☐ No ☐ N/A Estimated number of attendees: ________________________________

Will alcohol be served? ☐ Yes ☐ No ☐ N/A If yes, who will serve? _______________________________________________________

What are the risks associated with this event? (be specific, such as animal bite, allergic reaction, injury type, illness) ________________________________

What specifically will you do to minimize the risks associated with this event? ______________________________________________________

Identify activities with high risk exposure associated with this event (animals, carnival type rides/events, sports, water recreation, etc.): ________________________________

If this request is for a high risk activity, please provide the names and contact information of at least 2 staff members at other institutions that allow for this activity. ________________________________________________________________

Please list any special equipment required for this event that will be brought on campus (i.e. dunk tank, inflatable, snow blower, etc.): ________________________________________________________________

If applicable, will the company providing the equipment operate it for the duration of the event? ☐ Yes ☐ No ☐ N/A

Rev. 11/2017
If no, who will operate the equipment?
____________________________________________________

If applicable, will the company providing the equipment train them?  □ Yes  □ No  □ N/A

What is your plan in the event of an emergency? (be specific)
____________________________________________________
____________________________________________________

***Please obtain signature from your department supervisor or sponsor on line 1 below (for student organizations obtain signature of Student Involvement staff), then submit the Event Guide and all Contracts and Certificates of Insurance to Risk Management and Insurance at least 10 business days prior to the event.****

**The following may or may not apply, each event will be assessed on a case-by-case basis**

<table>
<thead>
<tr>
<th>Contract</th>
<th>Release</th>
<th>Certificate of Insurance (COI)</th>
<th>Background Checks</th>
<th>Background Check Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>□</td>
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<td>Other</td>
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REVIEW PROCESS: SIGNATURE(S): RECOMMENDATION

1. □ Sponsoring Department__________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

2. □ Risk Management______________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

3. □ TUPD________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

4. □ EHS________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

5. □ Facilities Services___________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

6. □ VP(if applicable)______________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

7. □ Other________________________________________________________
   Requirements:____________________________________________________________________
   Yes □ No □

*****THIS FORM WILL BE RETURNED TO YOU AFTER REVIEW IS COMPLETED*****