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Department of Food and Conference Services

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**RISK MANAGEMENT PLANNING & APPROVAL FORM FOR SPECIAL EVENTS** **ON CAMPUS**

TO BE COMPLETED & SUBMITTED TO **FOOD & CONFERENCE SERVICES (hereinafter “FCS”)**

**14 DAYS BEFORE THE EVENT**

**This Form consists mainly of questions, some requiring detailed answers, but the majority no more than a check mark (🗸) or an “x” under “Yes”, “No”, or “N/A” (“Not Applicable”). The primary purpose of the Form is to ensure that you include essential matters in the planning for your Event; it will serve, in effect, as a planning check list.**

**Please remember to complete all of the following sections unless they don’t apply to your Event:**

**Part A - Proposed Special Event**

**Part B - Pandemic Risk Management Checklist**

**Part C - Sponsor**

**Part D - Primary Event Organizer (“PEO”)**

**Part E - Event Details**

**Part F - Food Service**

**Part G - Alcohol**

**Part H - Physical Activity / Personal Safety Risks**

**Part I - Community Relations**

**Part J - Post Event Duties**

**Part K - General Comments and/or Concerns**

**Part L - Waivers, etc.**

**Part M - Approvals**

**Appendix A - Primary Event Organizer Contract**

**The Form may be completed electronically or manually on hard copy, as you prefer.**

**If you have any questions, please contact FCS.**

**Part**

**Part A – Proposed Special Event**

|  |
| --- |
| 1. Name of Event: |
| 1. Summary description of Event including demographics of attendees - with identification especially of activities carrying significant risk: |
| 1. Venue and/or location of Event: |
| 1. Event Date(s) and Time(s): |

**Part**

**Part B – Pandemic Risk Management Checklist**

**So long as the Covid-19 pandemic continues, and subject always to the laws applying to the pandemic, the following checklist is recommended for Special Event planning:**

|  |  |
| --- | --- |
|  | Check |
| 1. Check first with FCS to determine if the proposed Special Event can proceed under current University pandemic rules. |  |
| 1. Check for updates linked to the web-page at https://www.lakeheadu.ca/about/coronavirus. |  |
| 1. Weigh the risks of COVID-19 infection against the benefits of the Special Event to determine whether the Event should proceed. |  |
| 1. Advise all participants beforehand of the risks and potential hazards of COVID-19 infection. |  |
| 1. Advise participants that, should they develop possible COVID-19 symptoms at any point during the Special Event, they must inform the Event coordinators, self-isolate, and, if possible, withdraw from the Special Event. |  |
| 1. Read and comply with all additional advice and instructions provided by FCS. |  |

**Part**

**Part C – Sponsor**

|  |
| --- |
| 1. Name of Sponsoring Body: |
| 1. Telephone #: |
| 1. Email address: |

**Part D – Primary Event Organizer (PEO)**

**(must attend event)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name: | | | | | |
| 1. Position in Organization: | | | | | |
| 1. Telephone #: | | | | | |
| 1. E-mail address: | | | | | |
| 1. Is there documentation confirming the Sponsoring Body’s approval of the Event and appointment of the PEO? *(Mark appropriate box)* | | | | Yes | No |
| 1. If the Sponsoring Body is a LUSU Club, does the Club have LUSU’s written approval for the Event (LUSU Clubs are covered by LUSU’s liability insurance)? | | | N/A | Yes | No |
| 1. If the Sponsoring Body is not a LUSU Club, does the Body have the written approval of an official University authority (e.g. Manager, Chair, Director, Vice-Provost, Dean, Vice-President, President) for the event? | | | N/A | Yes | No |
| 1. Is PEO certified in First Aid? | | | | Yes | No |
| 1. Is PEO certified in CPR? | | | | Yes | No |
| 1. Will you be seeking feedback from participants?   If “Yes”, how and what information? | | | | Yes | No |
|  | *Answer:* |  | |  |  |
| 1. Will you be collecting money for the Event?   If “Yes”, will you have a float and how will you store the money and give receipts? | | | | Yes | No |
|  | *Answer:* |  | |  |  |
| 1. Has the PEO Contract in Appendix 1 to this Form been signed? | | | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| List the coordinators/assistants, if any, working with the PEO to facilitate Event activities: | | | |
| Full Name | Phone # | Lakehead Email | Current First Aid/CPR? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part E – Event Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Telephone # that the PEO can be reached at during the Event: | | | | | | | | | | | | | | |
| 1. Anticipated number of participants: | | | | | | | | | | | | | | |
| 1. Activity cost for participants: | | | | | | | | | N/A | | | | | |
| 1. Will participants have to register on a sign-up sheet prior to the Event? | | | | | | | Yes | | | | | No | | |
| 1. Approximate number of support personnel (**Note:** for supervision of minors, there should be **at least** 1 Adult for every 8 Minors (ratio: 1:8). Request chaperone rules from FCS): | | | | | | | | | | | | | | |
| 1. What, if any, information and instructions will be provided to participants of the Event? | | | | | | | | | | | | | | |
| *Answer:* | |  | | | | | | | | | | | | |
| 1. Have student participants in the Event been reminded that they will be subject to the *Student Code of Conduct policies* (linked to: https://www.lakeheadu.ca/students/student-life/student-conduct)? | | | | | N/A | | | Yes | | | | | | No |
| 1. Materials and equipment involved: | | | | | | | | | | | | | | |
| *Answer:* | |  | | | | | | | | | | | | |
| 1. Will dancing/a dancefloor be an element of the Event? | | | | | | | | Yes | | | | | | No |
| 1. Describe how the Event will be advertised: (**note**: if the Event has a commercial aspect, you’ll need to check that advertising it by email/social media won’t infringe Canada’s Anti-Spam Law (“CASL”)): | | | | | | | | | N/A | | | | | |
| *Answer:* | |  | | | | | | |  | | | | | |
| 1. Has the advertisement been approved by the appropriate University authority? | | | | N/A | | | Yes | | | | | No | | |
| 1. Have posters, banners and/or signage plans been reviewed and approved the appropriate University authority? | | | | N/A | | | Yes | | | | | No | | |
| 1. Does PEO have emergency contact information of each participant? | | | | | | | Yes | | | | | No | | |
| 1. What are the plans for responding to an emergency, including evacuation, if necessary – including, if applicable, evacuation of individuals with disabilities (for advice on this subject, discuss with Security Services and Health & Safety in HR)? | | | | | | | | | | | | | | |
| *Answer:* | |  | | | | | | | | | | | | |
| 1. Plans for crowd control, if applicable: | | | | | | | | | N/A | | | | | |
| *Answer:* | |  | | | | | | |  | | | | | |
| 1. Describe plans for responding to the unexplained disappearance of participants, especially children, from the Event (include, if applicable, the response to children who have lost their parents/ parents who have lost their children): | | | | | | | | | | | | | | |
| *Answer:* | |  | | | | | | | | | | | | |
| 1. If the Event is being sponsored by a non-University body, has that body been asked to provide Lakehead with a liability insurance certificate in the amount of $5,000,000 per occurrence, including Lakehead University as an Additional Insured (if you’re unsure about this step, discuss it with the Director of Risk Management)? | | | | N/A | | | Yes | | | | | | No | |
| 1. Are there plans to photograph or film any aspect of the event or individual participants?   If “Yes” detail the kind of recording that will be made and describe how, through notice or individual consent, you will be obtaining permission from participants who will be recorded (see the “Photo Release Form” web page at <https://www.lakeheadu.ca/about/branding/production-guides/photo-and-video/release-forms-public-notice>. For information and advice consult the staff of Marketing Support (in External Relations)). | | | | | | | Yes | | | | | | No | |
|  | *Answer:* | |  | | | |  | | | | | |  | |
| 1. Have Lakehead University Security Services been informed about the Event details – including emergency protocols and possible participation by persons under 18 years of age? | | | | | | | Yes | | | | | | No | |
| 1. Will Event include overnight stay on-campus? | | | | | | | Yes | | | | | | No | |
| 1. If the answer to (20) is “Yes”, have FCS been involved for accommodations availability on-campus? | | | | | | N/A | Yes | | | | | | No | |
| 1. If the answer to (20) is “Yes”, how many nights? | | | | | | | | | | N/A | | | | |
| *Answer:* | |  | | | | | | | |  | | | | |
| 1. If the answer to (20) is “Yes”, identify and describe the accommodation(s) AND describe the risk management in place for safety and security in the accommodation(s) if the participants are adults (i.e. 18 or older): | | | | | | | | | | N/A | | | | |
| *Answer:* | |  | | | | | | | |  | | | | |
| 1. If the answer to (20) is “Yes”, identify and describe the accommodation(s) AND describe the risk management in place for safety and security in the accommodation(s) if the participants are minors (i.e. under 18 years of age) – or a mixed group of adults and minors (**Note:** for overnight supervision of minors, there must be **at least** 1 Adult supervisor for every 8 Minors (ratio: 1:8). Request chaperone rules from FCS): | | | | | | | | | | N/A | | | | |
| *Answer:* | |  | | | | | | | |  | | | | |
| 1. If the answer to (20) is “Yes”, have all overnight guests been informed that they will be subject to the *Rules & Regulations for Guest Accommodations*? (Contact FCS for access to the current edition of the *Rules*) | | | | | | N/A | Yes | | | | | | No | |
| 1. Indicate how you will ensure compliance with the *Rules* referred to in (25): | | | | | | | | | | | N/A | | | |
| *Answer:* | |  | | | | | | | | |  | | | |
| 1. Even if an Event is designated “alcohol-free,” every precaution must also be taken to monitor the sobriety of participants at approved activities. Please describe what precautions you will undertake for this Event (e.g. as per the University’s *Alcohol Policy* (at <https://www.lakeheadu.ca/faculty-and-staff/policies/general/alcohol-policy>) and the *Rules* above): | | | | | | | | | | | | | | |
| *Answer:* | |  | | | | | | | | | | | | |
| 1. Additional Comments: | | | | | | | | | | | | | | |

**Part F - Food Service**

**(If the Event does not include food service, skip to Part G below)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **All** food service on campus **must** be cleared with FCS **at least 10 days prior** to the Event. Have you obtained this clearance? | | | N/A | Yes | | | No | |
| 1. If you are **not** using the services of the University’s official Caterer for food service, please provide the following information:   *Answer:* | | | | | | N/A | | |
| Name of Caterer: | Caterer Contact’s Name: | Contact’s Telephone #: | | | |  | | |
| If you are **not** using the services of the University’s official Caterer, Have you included the ‘Application and Agreement for Alternate Food Provider’ waiver form with required supporting documentation to FCS? | | | | | Yes | | | No |

**– Risk Management:**

**Part G - Alcohol**

**(if the Event does NOT include alcohol, skip to Part H below)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you complied with the University’s requirement that FCS and Security Services must be informed of all events with Bar Services? **Note that proposals for Bar Services** must be submitted to FCS for review a minimum of **4 weeks prior to the Event**. | | | | | N/A | | Yes | No |
| 1. Will sale and service of alcohol conform to all standards and requirements of Lakehead University’s *Alcohol Policy* (accessible online at: https://www.lakeheadu.ca/faculty-and-staff/policies/general/alcohol-policy)? | | | | | N/A | | Yes | No |
| 1. Name of venue: | | | | | | | | |
| 1. Has the University’s official Caterer been contacted to provide Bartenders? | | | | | | N/A | Yes | No |
| 1. Will the entrance/ticket cost include alcohol?   If “Yes”, how much alcohol is included in the ticket price (e.g., two drinks)? | | | | | | | Yes | No |
|  | *Answer:* | |  | | | |  |  |
| 1. Expected number of participants who will be served alcohol? | | | | | | | | |
| 1. Are non-drinking volunteers (trained in either SmartServe, CPR and/or First Aid) designated to monitor participants?   If “Yes”, how many non-drinking volunteers will be present at the event? | | | | | | | Yes | No |
|  | *Answer:* | |  | | | |  |  |
| 1. Describe how intoxicated and/or unruly participants will be dealt with (e.g. will properly trained security guards – i.e. “bouncers” – authorized by the venue be present?): | | | | | | | | |
| *Answer:* | |  | | | | | | |
| 1. Describe measures in place to ensure that individuals under the influence of alcohol (or other intoxicants) do NOT drive after the event (e.g. bussing to and from venue, requirement for non-drinking designated drivers, taxi chits, etc.): | | | | | | | | |
| *Answer:* | |  | | | | | | |
| 1. Will participants be required to bring health card (OHIP, UHIP, etc)? | | | | | | | Yes | No |
| 1. Will participants bring government issued photo ID (driver’s licence, passport, etc.)? | | | | | | | Yes | No |
| 1. If the Event is “All-Age” will there be a wristband policy in effect? (No person under 19 years old is permitted alcohol) | | | | N/A | | | Yes | No |
| 1. Additional Comments: | | | | | | | | |

**Part H – Physical Activity / Personal Safety Risks**

**(If no significant risks of this nature will be involved, skip to Part I below)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Describe and detail any kind of physical activity (-ies) with potentially significant risks that will be involved (in, e.g., car smash, bus pull, tug-o-war, water sports, slip & slide, racing events, team sports, drone use, nature exploration/hiking, activities that require protective equipment, activities in normally vehicle high-traffic areas or road closure areas, etc.): | | | | | |
| *Answer:* | |  | | | |
| 1. Identify any equipment with a degree of risk (e.g., hot tubs, trampolines, major audio, chainsaws, other motorized/gas powered equipment, sledge hammers, canoes, propane or other combustible substance tanks, etc.) that will be used during the Event: | | | | | |
| *Answer:* | |  | | | |
| 1. Indicate precisely how the risks associated with the activity (-ies), including activity equipment, will be mitigated to a satisfactory degree: | | | | | |
| *Answer:* | |  | | | |
| 1. Describe personal safety issues that may be associated with the Event (e.g., walking after dark, working with ‘at risk’ persons, physical strain, etc.) AND the mitigation that will be provided for such issues: | | | | | |
| *Answer:* | |  | | | |
| 1. Will the Event venue be inspected to remove or flag potential physical hazards?   If “Yes”, who will be responsible for the inspection? | | | | Yes | No |
|  | *Answer:* | |  |  |  |
| 1. Will there be volunteers certified in CPR/First Aid, with access to First Aid kits, to provide assistance if necessary?   If “Yes”, how many volunteers with these qualifications will be present? | | | | Yes | No |
|  | *Answer:* | |  |  |  |
| 1. Will participants bring health card (OHIP, UHIP, etc)? | | | | Yes | No |
| 1. Will you remind all participants that it is their responsibility to ensure that they have adequate medical and accident insurance coverage, including coverage for physiotherapy and durable medical equipment (“DME”)? | | | | Yes | No |

**Part I – Community Relations**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Will there be amplified music/speeches? | | Yes | No |
| 1. Will you have recorded/taped music (background/ambiance music falls into this category) during this Event?   In the answer is “Yes”, please ask FCS to determine if copyright compliance is necessary. If it is, SOCAN or RE: SOUND Fees will be applied to the Event. | | Yes | No |
| 1. Will there be adherence to noise by-laws? | | Yes | No |
| 1. Describe plans for clean-up (e.g. has a clean-up crew been designated, or will venue staff clean up? etc.): | | | |
| *Answer:* |  | | |
| 1. Additional Comments: | | | |

**Part J – Post Event Duties**

|  |  |  |
| --- | --- | --- |
| 1. If an incident/accident occurs during or in relation to the Event, will the PEO submit completed Incident/Accident Report form(s) to Security Services and, if applicable, the HR Health and Safety Officer? | Yes | No |
| 1. Will the PEO ensure that all forms (e.g. waivers, sign-in sheets, accident reports, Event evaluations) are filed securely (either in hard copy or in scanned electronic format) in the appropriate office for a period of 5 (5) years before being destroyed? | Yes | No |
| 1. Additional Comments: | | |

**Part K – General Comments and/or Concerns**

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| --- |
|  |

**Part L – Waivers, etc.**

The Director of Risk Management will determine, on the basis of this Risk Management Planning & Approval Form and discussion with the PEO, whether event-specific waivers, informed consents, or disclaimers will be required for your event. Waivers/consents MAY be required if your Event includes ANY of the following:

* + Alcohol
  + Moderate to high physical activities risk
  + Moderate to high personal safety risk
  + Alternate Caterer

***For more information about waivers, etc. please contact the Director of Risk Management.***

Comments:

|  |
| --- |
|  |

**Part M – Approvals**

Each Officer who approves this form should, following the sequence below,

1. add their electronic signature or type their name in the appropriate slot,
2. date their signature,
3. add any conditions for their approval,
4. save the form, and then
5. send it as an email attachment from their Lakehead University email account to the next person on the list.

The final signatory should, upon signing the form, save it and email it via their Lakehead email account to all the other signatories. At that point the Event will have full risk management approval.

|  |
| --- |
| 1. *Primary Event Organizer (PEO)’s Signature:*    - Date of PEO’s Approval:  - Any Conditions Attaching to the PEO’s Approval: |
| 2*. Signature of Authority in Sponsoring Unit:*  - Date of Authority’s Approval:  - Any Conditions Attaching to the Authority’s Approval: |
| 3*. Signature of FCS Representative:*    - Date of Representative’s Approval:  - Any Conditions Attaching to the Representative’s Approval: |
| 4. *Signature of Director of Risk Management:*  - Date of Director’s Approval:  - Any Conditions Attaching to the Director’s Approval: |

**Appendix A**

**Lakehead University**

PRIMARY EVENT ORGANIZER CONTRACT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, Name: | |  | | | | |
| hereby agree to act as the Primary Event Organizer (PEO) on (date): | | | | |  | |
| for the following Group: | | |  | | | |
| for the following Event (name/description): | | | | |  | |
| on behalf of one of the following Groups (place an “X” beside only ONE Group – and, if a particular unit of the Group is involved, identify it): | | | | | | |
|  | **(1) Lakehead University Student Union** | | | | | *Unit:* |
|  | **(2) Student Society/Club** | | | *Unit:* | | |
|  | **(3) Residence** | | | *Unit:* | | |
|  | **(4) Faculty, Department, School or Office** | | | | | *Unit:* |

I am fully aware and agree that, as PEO:

1. I am authorized by the organizing group to be responsible for organizing the Event.
2. I will ensure that the planning of the Event complies with Risk Management policy and best practices, as well as with all applicable Lakehead University regulations and policies.
3. I will ensure that special attention is given to emergency/medical protocols.
4. I will ensure that the rules/procedures for the Event are posted for all participants.
5. I will ensure that
   1. all participant waivers/consents/disclaimers/bus monitor contracts, etc. are completed prior to the Event,
   2. a list of names of all Event participants is readily available for the Event, and
   3. all these documents are stored securely and confidentially for 5 years.
6. It is my responsibility to ensure that every assistant involved with the Event is aware of his/her responsibilities.
7. In the event of a serious incident or an accident I will complete and submit a detailed Incident/ Accident Report to Lakehead University’s Security Services and my supervisor.
8. I will be held accountable to the chief officer of the group I represent.

**I will uphold all the requirements of the position of PEO and agree not to consume any alcohol on the day of the Event until the Event ends and all the participants have safely dispersed.**

|  |  |
| --- | --- |
| *PEO’s Signature:* | *Date:* |
| *Position of PEO in Organization:* | |
| *Witness’s Signature:* | *Date:* |