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Risk Management and Access to Information

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

**OFF CAMPUS**

TO BE COMPLETED & SUBMITTED TO THE OFFICE OF RISK MANAGEMENT

(hereinafter “**RM**”)

**14 DAYS BEFORE THE EVENT**

**Note: Organizers planning field trips or other off-campus activities which are course components should use their own units’ risk management planning forms. Units which lack their own forms may use the “Field Trip Planning and Approval Form” linked to the RM web page at https://www.lakeheadu.ca/faculty-and-staff/departments/services/risk-and-privacy/risk-management/field-trips**

**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:**

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

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

**Part A – Main Elements of Proposed Special Event**

|  |
| --- |
| 1. Name of Special Event (hereinafter simply “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. Request all participants to review, prior to the Event, the Government of Ontario’s web page, “COVID-19: Stop the spread”, at https://www.ontario.ca/page/covid-19-stop-spread#section-1 |  |
| 1. Have all participants, no earlier than a day before the Event begins, check for updates linked to the University’s web-page at https://www.lakeheadu.ca/about/coronavirus. |  |
| 1. Advise all participants that the University recommends (but does not require) wearing masks in all spaces where physical distancing is not possible. |  |
| 1. Advise all participants that, if they have tested positive for COVID-19 less than 10 days prior to the Event, they should wear masks until 10 days have elapsed. |  |
| 1. Confirm to all prospective participants that, should they have a fever, or other symptoms of any illness that have not diminished, less than 24 hours before the Event begins, they must **not** join the Event. |  |
| 1. Advise participants that, should they develop possible COVID-19 symptoms at any point during the Event, they must inform the Event coordinators, self-isolate, and, if possible, withdraw from the Event as soon as possible. |  |
| 1. Have in place a contingency plan for participants to isolate and return home in the event that they become unwell during the Event. |  |

**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 Society or Club, does the Society/Club have LUSU’s written approval for the Event (LUSU Societies and Clubs are covered by LUSU’s liability insurance)? | | | | | | N/A | Yes | No |
| 1. If the Sponsoring Body is not a LUSU Society or 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”, how much will you be charging, 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 |
| 1. 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 Event participants? | | | | | | | | | |
| *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. 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)? | | | |  | |  | | |  |
| 1. If the Event is being held at the facilities of a non-University body, has that body requested Lakehead to provide them with a Certificate of Insurance?   If the answer is “Yes”, please complete and email to the Director of Risk Management the “Request for Certificate of Insurance” linked to Lakehead’s Risk Management web page at https://www.lakeheadu.ca/faculty-and-staff/procedures/risk-management | | | | 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. 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? (It is always a good idea to inform Security about off-campus events: if something goes wrong they can expedite liaison with University authorities and emergency contacts) | | | | | | Yes | | | No |
| 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: | | | | | | | | | |
| *Answer:* | |  | | | | | | | |
| 1. Will event include overnight stay off-campus? | | | | | Yes | | | No | |
| 1. If the answer to (22) is “Yes”, how many nights? *Answer:* | | | | | | | N/A | | |
| 1. If the answer to (22) is “Yes”, identify and describe the accommodation(s) AND describe the risk management in place for safety and security in the accommodation(s): | | | | | | | N/A | | |
| *Answer:* | |  | | | | |  | | |
| 1. If food will be served, give details concerning who will be providing it, plus setup and safety precautions: | | | | | | | N/A | | |
| *Answer:* | |  | | | | |  | | |
| 1. If food will be served, describe measures to protect individuals with dietary restrictions and food/drink allergies of any kind: | | | | | | | N/A | | |
| *Answer:* | |  | | | | |  | | |
| 1. Will participants be expected to bring their health cards and other official photo ID – and, if required, passport?   If “Yes”, how will such requirements be communicated to them? | | | | | Yes | | | No | |
|  | *Answer:* | |  | |  | | |  | |
| 1. Provide the address and contact information for the emergency services closest to your Event location: | | | | | | | | | |
| 1. Will travel extend out-of-province/country? | | | | | Yes | | | No | |
| 1. Out-of-province Events: will each participant be required to have adequate out-of-province health coverage? | | | | N/A | Yes | | | No | |
| 1. Out-of-country Events: will international students be advised to seek advice (e.g. on the range and validity of their study permits) and pick up requisite forms (e.g. status letters) from Lakehead University International? | | | | N/A | Yes | | | No | |
| 1. Additional Comments: | | | | | | | | | |

**Part F - Travel Details**

**Note**: For detailed information on travel insurance and risk management, please see the Guidelines linked to the bullet, “Basic Insurance for Travel Off-Campus” under “Forms, Templates, Guidelines, & Policies” on the *Risk Management Web Page* at https://www.lakeheadu.ca/faculty-and-staff/departments/services/risk-and-privacy/risk-management.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Is group transportation being arranged (transportation by independent transport companies [e.g. bus, airline] is preferred because it reduces the University’s and, if LUSU is sponsoring the Event, LUSU’s liability exposure)?   If “Yes” provide details (e.g. name of airline/bus/vehicle rental company, whether cars/vans will be rented, with insurance included in rental fee): | | | | | Yes | | No |
| *Answer*: | | |  | | | | |
| 1. If group transportation will be used, what will be the departure and return times? | | | | | | N/A | |
| 1. If a bus company has been hired to transport participants, has the company been asked to provide the Sponsoring Body with a **Certificate of Insurance confirming that it has coverage of at least $10,000,000 per occurrence for both Third Party Liability and Passenger Hazard Liability** (required by the University’s insurers)? | | | | N/A | Yes | | No | |
| 1. Will participants be relying on their own vehicles to travel to, at, and from the Event venue? (Requirement: minimum $1 million third party liability insurance**; in the event of an accident, driver’s personal insurance will be called on first**) | | | | | Yes | | No |
| 1. Will University organizers (employees and volunteers – including students) of the Event be relying on personal vehicles for travel to, at, and/or from the Event – whether in preparation for, supervising, or cleaning up after, the Event? | | | | | Yes | | No |
| 1. If the answer to (4) is “Yes”, does each organizer’s auto insurance include use of their vehicle for business purposes AND carry a minimum of $1,000,000 third party liability coverage? | | | | N/A | Yes | | No |
| 1. If the answer to (4) is “Yes”, has each organizer read and understood section (8) “Driving Your Own Vehicle” in the Guidelines linked to “Basic Insurance for Travel Off-Campus” on Lakehead’s Risk Management web page – at https://www.lakeheadu.ca/faculty-and-staff/procedures/risk-management? | | | | N/A | Yes | | No |
| 1. Describe travel arrangements for participants with special needs, if applicable: | | | | | | N/A | |
| *Answer*: | |  | | | |  | |
| 1. Will arrival/departure times be known by all participants? | | | | N/A | Yes | | No |
| 1. In the case of bus/air trips, will participants be required to sign a travel sign-in sheet both departing from and returning to the University? | | | | N/A | Yes | | No |
| 1. Describe arrangements to regulate and monitor participants’ behaviour on buses (e.g. will bus monitor contract(s) be in place?) – if that form of transportation is chosen: | | | | | | N/A | |
| *Answer:* |  | | | | |  | |
| 1. Describe what measure(s) you will take if a participant misses the return ride/flight: | | | | | | N/A | |
| *Answer:* |  | | | | |  | |
| 1. Summarize plans for dealing with intoxicated participants who wish to board the bus prior to departure from or to Lakehead University: | | | | | | N/A | |
| *Answer:* |  | | | | |  | |
| 1. Additional Comments: | | | | | | | |

**k Management:**

**Part G - Alcohol**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has the proprietor/operator of the venue confirmed that they have a government issued licence to serve alcohol for the Event? | | | | | N/A | | Yes | No |
| 1. Name and address of venue serving alcohol for the Event: | | | | | | | | |
| 1. Are bartender/venue management SmartServe trained and aware of their responsibility not to overserve or serve to minors? | | | | | | 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 (e.g. bussing to and from venue, requirement for non-drinking designated drivers, taxi chits, etc.) in place to ensure that individuals under the influence of alcohol (or other intoxicants) do NOT drive after the event: | | | | | | | | |
| *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 10 (10) years before being destroyed? | Yes | No |
| 1. Additional Comments: | | |

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

|  |
| --- |
|  |

**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, indemnifications, 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: |
| 1. *Signature of Authority in Sponsoring Unit:*   - Date of Authority’s Approval:  - Any Conditions Attaching to the Authority’s Approval: |
| 1. *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 10 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:* |

Appendix B

Optional: Formal Risk Analysis

A PEO who wishes to conduct a detailed, formal risk analysis may follow this methodology:

1. Prior to the Event the PEO should identify the significant potential risks (if a factor that could aggravate a risk, e.g. harsh environmental conditions or bad weather, is a real possibility it should be identified and analyzed as a separate risk);
2. Break down the likelihood of the risk materializing on the following numerical scale: 1 = unlikely; 2 = possible, less likely; 3 = possible, more likely; 4 = very likely;
3. Assess the gravity of the risk materializing on the following numerical scale: 1 = insignificant impact; 2 = modest impact; 3 = significant impact; 4 = grave impact;
4. Calculate the risk’s “Severity” = Likelihood x Gravity;
5. With the Severity measured, the PEO can formulate a reasonable response to each risk: Risks with Severity 2 can be accepted with little or no mitigation; risks assessed between 3 and 12 should be mitigated to the point where the risks are acceptable – or they should be avoided; and risks that are 16 in Severity should be avoided. The PEO should briefly identify the proposed appropriate response to each risk;
6. The risk analysis for the Event can be summarized in the following table (add or delete rows as needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk Identification | Likeli-hood  (1 – 4) | Gravity  (1 – 4) | Sev-erity  (L x G) | Response – resulting in adequate mitigation of risk |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. If the risk analysis indicates significant risk severities (≥8) an informed consent, waiver or liability disclaimer should be considered for participants (check with the Office of Risk Management).