

Event Safety Checklist

The following checklist provides guidance on safety issues that you may encounter at a Scouting event. This is a tool designed to create conversations among event organizers around risks and ways to mitigate or eliminate them.

Event Name: _____ Event Date(s): _____

Event Location: _____ Total Number of Attendees Expected: _____

Event Organizer: _____ Event Day On-site Contact: _____

Venue Contact: _____ Event Day On-site Contact: _____

Planning (Venue)

Have the following been conducted or discussed with venue owners?

- Initial meeting conducted Venue rules/requirements Site walk-through conducted Event map constructed
-

Risk Management

Are the following items needed?*

- Insurance requirements met Contracts/indemnification Participant liability waivers Supplemental insurance

***Note: Communication with the council or the council ERM Committee can help in this area.**

Communications

Has the following information been conveyed to event attendees?

- Logistics (time, place, etc.) Parking plan/area(s)
 Safety/venue requirements Areas where vehicles are not permitted
 Meals provided or not Items prohibited at the event
-

Setup/Teardown

Has the process for setup and teardown been established?

- Setup/teardown dates and times Storage areas Tools needed
 Special equipment needed Barricaded areas/fencing
-

Structures

Have hazards been identified for the following areas?*

- Large assembly tents Stages Adult supervision for areas
 Inflatables Booths

***Note: In some municipalities, permits may be needed for setting up temporary structures**

General Safety

Have the following safety issues been addressed?

- Attendee safety moment planned? Road closures/barricaded areas Drinking water at the event
 Tripping hazards (cords, etc.) Risk assessments done Other _____
 PPE (gloves, vests, etc.) needed Pest control _____
-

Fire

Have fire hazards been identified and addressed?*

- | | |
|---|---|
| <input type="checkbox"/> Fire extinguishers in place | <input type="checkbox"/> Evacuation process |
| <input type="checkbox"/> Sources of heat/sparks/open flames | <input type="checkbox"/> Muster locations established |
| <input type="checkbox"/> Emergency vehicle access | <input type="checkbox"/> Fire exits/access clear |

*Note: In some municipalities, permits may be needed for open flames or fires.

Medical

Are the following medical protocols or equipment in place?

- | | | |
|--|--|---|
| <input type="checkbox"/> First-aid kit/AED | <input type="checkbox"/> On-site EMT or medical officer | <input type="checkbox"/> AHMRs unit-held or collected |
| <input type="checkbox"/> Medical lodge/center/tent | <input type="checkbox"/> Closest ER or hospital identified | |
-

Utilities

Have all utilities for the event been identified, discussed, and approved with the venue owner?

- | | |
|--|---|
| <input type="checkbox"/> Electrical/generators | <input type="checkbox"/> Compressed gases |
| <input type="checkbox"/> Propane | <input type="checkbox"/> Water |
-

Hygiene and Sanitation

Is basic sanitation being provided?

- | | | |
|---|--|---|
| <input type="checkbox"/> Portable toilets | <input type="checkbox"/> Janitorial staffing | <input type="checkbox"/> Trash disposal |
|---|--|---|
-

Food Handling

Have the following food safety issues been addressed?*

- | | | |
|---|---|---|
| <input type="checkbox"/> Licensed caterers used | <input type="checkbox"/> Gloves for servers | <input type="checkbox"/> Handwashing stations/sinks |
| <input type="checkbox"/> Food properly covered | <input type="checkbox"/> Outside serving under cover/tent | |

*Note: In some municipalities, food service permits may be needed for selling, preparing, or distribution of food.

Security

Have the following security issues been addressed?

- | | | |
|---|---|--|
| <input type="checkbox"/> Scout check-in/out process | <input type="checkbox"/> Armed intruder/suspicious person | <input type="checkbox"/> Security guards/police needed |
| <input type="checkbox"/> Missing Scout | <input type="checkbox"/> Bomb threat/suspicious package | |
-

Severe Weather

Have plans for weather emergencies been addressed?

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Go/no-go criteria for event | <input type="checkbox"/> Lightning/thunderstorms | <input type="checkbox"/> Hurricane |
| <input type="checkbox"/> Shelters identified | <input type="checkbox"/> Tornadoes/windstorms | <input type="checkbox"/> Flooding |
| <input type="checkbox"/> Method to notify attendees | <input type="checkbox"/> Snow/cold weather | |
-

Miscellaneous

Have any unique hazards been evaluated?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Live animals | <input type="checkbox"/> Performers |
| <input type="checkbox"/> Noise/neighbors | <input type="checkbox"/> Other _____ |
-