

UCSC RISK SERVICES
Activity or Event Risk Assessment Form

- More space is provided in the *Additional Information* section on the last page.
- Attach additional pages and documents as needed.
- Submit this request for risk assessment to UCSC Risk Services only after the activity or event has been well vetted within the division or unit proposing the activity *and* only if there is support for the activity within the division or unit proposing the activity (or at least support for additional review of the activity).
- Initial turn around time is approximately 10 business days.

| CONTACT INFORMATION | | |
|---|---|--|
| Date | | |
| Form Submitted By | Phone | Email |
| Staff or Faculty Contact Name for Follow-Up | Phone | Email |
| ACTIVITY SUMMARY | | |
| General Description of the Activity or Event | | |
| Date(s) of the Activity or Event | Start Time <i>(include set-up time)</i> | End Time <i>(include tear-down time)</i> |
| LOCATION | | |
| On-campus locations – state the specific space and the name of the space manager | | |
| Off-campus locations – describe fully including name of location and distance from campus; attach any contracts, agreements or other documents requiring signature or expressing terms of space use or access. <i>Off-campus space use or access may trigger the involvement of the Real Estate Office and/or Procurement and Business Contracts. Please work with your unit as needed.</i> | | |

TRANSPORTATION

Type of transit involved with activity: *(check one or more)*

- No transportation will be involved
- Public transit
- Personal vehicles
- UCSC Fleet rental vehicle
- Other rental vehicles
- UCSC TAPS chartered bus
- Other chartered bus
- Boat
- Other: _____

Who is driving? *(check one or more)*

- Staff
- Faculty
- Students
- Volunteers
- Other: _____
- No driving will be involved

What risk control measures are in place for transportation and/or driving?

PARTICIPANTS

Participants include organizers as well as attendees. Organizers have some responsibility for the functioning or organization of the event. Attendees are not responsible for organizing or running the event. For each category, include the approximate number of participants.

| Number of Attendees | Number of Organizers | None | Category |
|---------------------|----------------------|--------------------------|---|
| _____ | _____ | <input type="checkbox"/> | Sponsoring unit staff |
| _____ | _____ | <input type="checkbox"/> | Other unit staff |
| _____ | _____ | <input type="checkbox"/> | Faculty |
| _____ | _____ | <input type="checkbox"/> | UCSC students |
| _____ | _____ | <input type="checkbox"/> | Other students |
| _____ | _____ | <input type="checkbox"/> | Minors – Ages of participants under 18: _____ |
| _____ | _____ | <input type="checkbox"/> | Volunteers |
| _____ | _____ | <input type="checkbox"/> | Community members |
| _____ | _____ | <input type="checkbox"/> | Businesses, non-profits or governmental organizations |
| _____ | _____ | <input type="checkbox"/> | Any other participants – Describe: _____ |

DONORS, SPONSORS, VENDORS

Any of the following may trigger review by the Real Estate Office. Please work with your unit to facilitate the Real Estate Office's review if your activity involves any of the following.

Is any individual or group – including companies, non-profits and governmental entities:

Charging the participants? Yes No

Donating their services, goods or time? Yes No

Sponsoring or co-sponsoring the activity with the campus unit? Yes No

If yes (to any of the above), provide additional details

Payments by campus or university: *(check one)*

- This activity does not have any charges associated with it
- This activity involves purchases of goods and/or services. Include any CruzBuy, Procard, Direct Payment, and any other purchases. Describe the purchases:

ENTERTAINMENT AND EQUIPMENT

Does the activity include any of the following? (*check all that apply and describe fully below*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Water features (pools, streams, tanks, etc.) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Tents | <input type="checkbox"/> Loud speakers/amplification equipment |
| <input type="checkbox"/> Medical personnel | <input type="checkbox"/> Bounce houses | <input type="checkbox"/> Power generation including extension cords used outside |
| <input type="checkbox"/> Referees and/or coaches | <input type="checkbox"/> Slides | <input type="checkbox"/> Rental or use of any other equipment |
| <input type="checkbox"/> Temporary stages | <input type="checkbox"/> Climbing walls | <input type="checkbox"/> Other |

Describe fully any choices above and any additional entertainment, equipment or activities

ADVERTISING

Describe how the activity will be advertised or information about the event will be distributed (*for example: posters, flyers, Facebook, Twitter, email, announcements, paid advertising, etc.*)

ROLES AND RESPONSIBILITIES

What UCSC staff or faculty will be on site with overall responsibility for the activity?

Name(s)

Position(s)

Describe the responsibilities of UCSC staff or faculty

Describe what role(s) students will have in organizing or running the activity

OR students will not have a role in organizing or running the activity

Describe what role(s) anyone other than campus faculty, staff and students will have in organizing or running the activity

OR no one other than campus faculty, staff and students will have a role in organizing or running the activity

Describe who is responsible for any set-up, tear-down and clean-up OR there is no set-up, tear-down or clean-up associated with the event

RISK MANAGEMENT

What could go wrong during the activity?

What risk control measures will you have in place for the activity?

Are you obtaining an Elective/Voluntary Activity Waiver for the activity or event? Yes No

For any activity that lasts more than four hours, attach an event agenda Agenda is attached Activity is less than four hours

Have you consulted with others about the activity? For each person consulted include the name of the person, their position and the outcome of your consultation. *Consider if expert advice is needed for food safety, additional sanitation needs, power generation, etc.*

ADDITIONAL INFORMATION

Use this space for any additional comments that you would like to offer about your activity and to continue responses from elsewhere in the form

FORM SUBMITTAL

Submit this form to PropertyCasualty@ucsc.edu as an email attachment. Attach any documents that you think would be beneficial for Risk Services review, including any agreements or documents that another party has asked you to review and/or sign. Attach additional pages as needed to fully describe your activity or event.