



# CALIFORNIA STATE UNIVERSITY, STANISLAUS

## On Campus Special Event Safety Plan

- This form is intended to assist groups in the development of required safety plans for events sponsored by the University and held on campus.
- **Event details, pertaining to safety, must be submitted to the Safety & Risk Management Office for review and recommendation, no later than 30 days prior to the event date.**

Submit to:

Safety & Risk Management  
 One University Circle  
 Turlock, California 95382  
 Fax: (209) 667-3446 email: risk@csustan.edu

- If applicable, a UPD representative will provide a cost quote once all details are received (cost may include: UPD Officer over time, ambulance standby, state fire marshal event permit, first aid volunteer donation, insurance).
- If Question is not applicable, please write N/A; do not leave blank.

SPONSOR DETAILS	
NAME OF SPONSORING GROUP	
COORDINATOR CONTACT INFORMATION	
NAME	
MOBILE	
OFFICE	
EMAIL	
CAMPUS CONTACT PERSON (If different from above)	
NAME	
MOBILE	
OFFICE	
EMAIL	
CONTACT PERSON REGARDING COMPLAINTS AND/OR PROBLEMS DURING THE EVENT	
NAME	
MOBILE	
EVENT BASICS	
TITLE	
DATE(S)	
BEGINNING	
ENDING	
TIME	
BEGINNING	
ENDING	
DESCRIBE THE EDUCATIONAL PURPOSE/VALUE OF THE EVENT	
WILL THIS EVENT INTERRUPT ACADEMIC PROCESSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN HOW	
DATE & TIME SET-UP WILL BEGIN	
DATE & TIME CLEAN-UP WILL END	

<b>EVENT LOCATION</b>	
NAME OF CAMPUS FACILITY/SPACE	
ESTIMATED # OF GUESTS	
STATE FIRE MARSHAL "SPECIAL EVENT APPLICATION" COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>OUTDOOR EVENTS</b> <input type="checkbox"/> N/A	
WILL THE EVENT BE ENCLOSED? (Fencing? Gates?)	
WILL SEATING BE PROVIDED, OR WILL GUESTS PROVIDE THEIR OWN SEATING?	
WILL THERE BE STANDING ROOM FOR GUESTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE DANCING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHERE WILL GUESTS DANCE?	
HAVE THE NOISE LEVEL GUIDELINES BEEN REVIEWED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT ARE THE LIGHTING CONDITIONS?	<input type="checkbox"/> AMBIENT <input type="checkbox"/> STANDARD/BUILT-IN PROVIDED  <input type="checkbox"/> PORTABLE
<b>EVENT ACTIVITIES</b>	
WILL THERE BE FIREWORKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE CARNIVAL TYPE RIDES? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE PERFORMERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE BOUNCES HOUSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL SPORTS BE PLAYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE WRITTEN CONTRACTS/AGREEMENTS FOR THIS EVENT? If yes, please attach a copy of the agreement(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ENTERTAINMENT DETAILS</b>	
LIST THE NAMES AND CONTACT INFORMATION OF ANY PERFORMERS. ALL CONTRACTS MUST BE REVIEWED BY THE UNIVERSITY PROCUREMENT. PERFORMER WAIVERS OF LIABILITY MAY BE REQUIRED.	
1)	Phone # (    )    EMAIL:
2)	Phone # (    )    EMAIL:
3)	Phone # (    )    EMAIL:
4)	Phone # (    )    EMAIL:
5)	Phone # (    )    EMAIL:
<b>ADMISSION</b>	
IS THERE A COST FOR ADMISSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
COST?	
IS ADMISSION PAYMENT ACCEPTED UPON ENTRANCE TO THE EVENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HAVE YOU COMPLETED <b>AND</b> SUBMITTED THE <i>HANDLING MONEY AT EVENTS FORM?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL GUESTS BE REQUIRED TO SHOW I.D.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT FORM(S) OF I.D. WILL BE ACCEPTED	
WHO WILL VALIDATE AUTHENTICITY OF I.D.?	
IS THERE AN AGE REQUIREMENT FOR THIS EVENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, INDICATE SPECIFIC AGE(S) OR AGE GROUP?	
WHO MAY ATTEND THIS EVENT?	<input type="checkbox"/> Students <input type="checkbox"/> Employees  <input type="checkbox"/> Public <input type="checkbox"/> Children
IS THERE A DRESS CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS THE DRESS CODE?	
HOW WILL THE GUESTS BE ADVISED?	

## FOOD SERVICE

The University's agreement with Campus Dining Services provides that they will be the exclusive caterer of food and beverage service on campus. Arrangements for food and beverage service must be made through the Campus Dining Catering Services at 667 - 3634.

WILL FOOD BE SERVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHO WILL THE FOOD SERVICE BE PROVIDED BY?	<input type="checkbox"/> CAMPUS DINING <input type="checkbox"/> OTHER <input type="checkbox"/> STUDENT ORGANIZATION
IF OTHER, PLEASE EXPLAIN	
<p><b>*PLEASE NOTE* IF FOOD IS BEING PROVIDED BY OFF CAMPUS VENDORS, OR A STUDENT ORGANIZATION, YOU <u>MUST</u> SUBMIT A <u>TEMPORARY FOOD PERMIT AT LEAST 14 CALENDAR DAYS PRIOR</u> TO THE EVENT DATE</b></p>	
WILL GUESTS BE ALLOWED TO BRING THEIR OWN FOOD/BEVERAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, ARE THERE ANY RESTRICTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST RESTRICTIONS, IF ANY	
AND HOW WILL GUESTS BE ADVISED OF RESTRICTIONS	

## ALCOHOL SERVICE      N/A

HAS CAMPUS POLICY AND PROCEDURES BEEN REVIEWED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT TYPE OF BEVERAGES WILL BE SERVED?	<input type="checkbox"/> BEER <input type="checkbox"/> WINE/CHAMPAGNE
WHO WILL BE SERVING THE ALCOHOLIC BEVERAGES?	<input type="checkbox"/> CAMPUS DINING <input type="checkbox"/> OTHER
IF OTHER, PLEASE EXPLAIN	

## PARKING AND TRAFFIC DETAILS

WHERE WILL GUESTS PARK?	
HOW WILL GUESTS BE ADVISED ABOUT PARKING? (Provide a copy of all invitations and/or direction that will be provided to guests)	
HOW WILL PARKING CITATIONS BE AVOIDED? <b>*NOTE* SPECIAL REQUESTS MUST BE MADE THROUGH THE ONLINE RESERVATION SYSTEM</b>	
WHAT ARE THE LOAD AND UNLOAD REQUIREMENTS FOR ENTERTAINERS?	

## SECURITY DETAILS

WHAT IS THE NAME OF THE SECURITY COMPANY?	
YOUR CONTACT'S NAME	
CONTACT PHONE NO.	
HAS THE CONTRACT BEEN REVIEWED BY SAFETY & RISK MANAGEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW WILL SECURITY COMMUNICATE WITH THE EVENT COORDINATOR(S) AND THE UPD DURING THE EVENT?	
WHAT IS THE MAIN FUNCTION OF THE SECURITY STAFF AT THIS EVENT?	

**This form was completed by**

Type Name	Signature	Title/Position	Date
If Student Organization, Advisor Name	Signature	Title/Position	Date