



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Off 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 University Police (UPD) Safety & Risk Management Office for review and recommendation, no later than 30 days prior to the event date.**

Submit to:

University Police Department
 Attn: Safety & Risk Management
 One University Circle
 Turlock, California 95382
 Fax: (209) 667-3104; 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	
EVENT BASICS	
TITLE	
DATE(S)	
BEGINNING	
ENDING	
TIME	
BEGINNING	
ENDING	
EVENT LOCATION	
LOCATION ADDRESS AND NAME	
ESTIMATED # OF GUESTS	
OUTDOOR EVENTS <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
	<input type="checkbox"/> AMBIENT <input type="checkbox"/> STANDARD/BUILT-IN PROVIDED
WHAT ARE THE LIGHTING CONDITIONS?	<input type="checkbox"/> PORTABLE

EVENT ACTIVITIES

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 BOUNCE 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		

ENTERTAINMENT DETAILS

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:

ADMISSION

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 AND SUBMITTED THE <i>HANDLING MONEY AT EVENTS FORM?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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	

FOOD SERVICE

WILL ALOCOHOL BE SERVED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	IF YES, SEE CAMPUS POLICY AND PROCEDURES AND OBTAIN AN ABC PERMIT (2090 667 - 3778)		
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			
WILL GUESTS BE ALLOWED TO BRING THEIR OWN FOOD/BEVERAGES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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 COORIDINATOR(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