

SPECIAL EVENTS RISK ASSESSMENT

Part 1 – To be completed by Event Coordinator (must be a UTD employee):

Name: _____ Email: _____@utdallas.edu Department/Unit: _____

Event: _____ Description/Business Purpose: _____

Location: _____ No. of Attendees: _____ Date(s) & Time(s) of the Event: _____

MEDIUM to HIGH RISK EVENTS: If the event meets any of the following criteria, it is considered MEDIUM to HIGH risk and liability insurance may be required. If your event is considered a camp or clinic, please fill out the appropriate form listed under Camp Insurance on the Administration website: <http://www.utdallas.edu/administration/risk/>

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| <p>Does the event include:</p> <p>1. Minors as participants? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, liability insurance is required, and criminal background checks must be conducted for persons who are not UTD employees (including volunteers) working with minors.</p> <p>2. An overnight stay in campus housing? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, liability insurance is required.</p> <p>3. Rides? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Mechanical devices? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Inflatables? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Petting zoos or animals? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Fireworks, pyrotechnics, hazardous materials, including chemicals, or other fire-related dangers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>If YES to any item in Questions 3-7</u>, please describe, and provide Certificate(s) of Insurance from outside operators, if applicable, naming UT Dallas and the University of Texas System Board of Regents as additional insureds:</p> | <p>8. Vendors or exhibitors? <input type="checkbox"/> YES <input type="checkbox"/> NO
 If YES, please list: _____</p> <p>9. Musicians or entertainers? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, please list: _____</p> <p>10. Admission or registration fee? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, how much? \$ _____</p> <p>11. Alcoholic beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, also complete Part 2 below. NOTE: This form must be submitted to at least 10 business days prior to event.</p> <p>12. Any outside food and/or alcohol vendors? <input type="checkbox"/> YES <input type="checkbox"/> NO
 If YES, please list: _____</p> <p>13. Other activities or inclusions that would deem it to be MEDIUM or HIGH risk? <input type="checkbox"/> YES <input type="checkbox"/> NO
 <u>If YES</u>, please describe: _____</p> |
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I have reviewed the *Risk Management Guidelines for Special Events* at <http://www.utdallas.edu/forms/documents/EventGuidelines.doc>.

Select One:

- My event appears to be LOW risk. Liability insurance is highly recommended, but not required. Retain this completed form in your department in the event of a future audit. It is not necessary to send it to the UTD Office of Risk Management.
- My event appears to be MEDIUM to HIGH risk. I am forwarding this completed form for review by the UTD Office of Risk Management at specialevents@utdallas.edu and a quote for liability insurance at least 10 days prior to the event.

_____	_____	_____	_____	_____
Event Coordinator's Signature	Date	Department Head (please print)	Signature	Date

Office of the Vice President for Administration Designee (if MEDIUM to HIGH risk) _____ Date _____

Liability Insurance Required Liability Insurance Highly Recommended Certificate of Insurance Required (outside operators only)

Part 2 – To be completed by Dean, Director or above: ALCOHOL CANNOT BE SERVED PRIOR TO 4 P.M. ON REGULAR BUSINESS DAYS.

Name: _____ Email: _____@utdallas.edu Type of Alcohol Requested: _____

If a Non-University Group is co-sponsoring, specify Group Name and Contact Ext: _____

Date Alcohol will be Served: _____ Start Time: _____ End Time: _____ Location: _____ (preferably on campus)

Expected Attendees: Faculty Staff Students (Age Range: _____) Non-University (Specify Group) _____

I have reviewed the *Alcoholic Beverages Policy* at http://www.utdallas.edu/business/admin_manual/pdf/A71000.pdf. As the UTD Responsible University Official (RUO) responsible for this event, I agree to be present for the entire event. **I understand that all alcohol must be served by a server/bartender who holds a valid license by the Texas Alcohol and Beverage Commission (TABC). I understand that if I do not use Chartwells licensed servers, I must provide a certificate of liability for the licensed servers I use.** Further, I understand that alcoholic beverages are NOT taken out of the designated area, individuals under the legal drinking age are NOT served, and food is available. I acknowledge that the homeowner possesses liability insurance that will cover injuries that may be suffered by guests attending the event.

_____	_____	_____	_____	
RUO Signature	Date	President's Designee (VPA Designee)	Date	<input type="checkbox"/> Permission Granted <input type="checkbox"/> Permission Denied

After processing, the Event Coordinator will be emailed a scanned copy and should then forward a copy to Food Services, if applicable. Further, an approved copy of this form must be attached to the Purchase Voucher form for reimbursement of alcohol purchases.