

SPECIAL EVENTS RISK ASSESSMENT

Part 1 – To be completed by Event Coordinator (must be a UTD employee) and returned to specialevents@utdallas.edu at least 10 business days prior to event.

Event Coordinator Name: _____ Email: _____@utdallas.edu
 Department/Unit: _____ Event Name: _____
 Business Purpose: _____ Cost Center: _____
 Location: _____ Approximate No. of Attendees: _____
 Date(s) & Start and End Time(s) of the Event: _____

Does the event include:
 1. Minors as participants? YES NO

If YES, contact Program for Minors (972.883.3815/pace@utdallas.edu) to determine if the event should be registered with that office and for information regarding required background checks and child protection training.

- 2. An overnight stay in campus housing? YES NO
 If YES, liability insurance is required.
- 3. Rides? YES NO
- 4. Mechanical devices? YES NO
- 5. Inflatables? YES NO
- 6. Petting zoos or animals? YES NO
- 7. Fireworks, pyrotechnics, hazardous materials, including chemicals, or other fire-related dangers? YES NO

If YES to any item in Questions 3-7, please describe, and provide Certificate(s) of Insurance from outside operators, naming UT Dallas and the University of Texas System Board of Regents as additional insureds:

Vendors or exhibitors? YES NO
 If YES, please list: _____

Musicians or entertainers? YES NO
 If YES, please list: _____

Admission or registration fee? YES NO
 If YES, how much? \$ _____

Will there be alcohol? YES NO
 If YES, you **must** complete Part 2 below.
 If YES, please list who will be serving: _____

12. Will there be food? YES NO
 If YES, please list who is catering: _____

13. Other activities or inclusions that would deem it to be MEDIUM or HIGH risk? YES NO
 If YES, please describe: _____

Description:

Event Coordinator's Signature	Date	Department Head (please print)	Signature	Date
Office of the University Attorney Designee		Date		

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)

Will individuals under the age of 21 be in attendance? yes no Expected Non-University attendees (Specify Group) _____

I have reviewed the *Alcoholic Beverages Policy* at <http://policy.utdallas.edu/utdbp3011>. **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 (Office of the University Attorney Designee)	Date	<input type="checkbox"/> Permission Granted <input type="checkbox"/> Permission Denied
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