

RISK ASSESSMENT AND RESPONSIBILITY FORM
NEW COLLEGE – OFFICE OF RESIDENCE AND STUDENT LIFE

This form is to be completed and submitted to a designated signatory according to the following:

- Ten (10) business days prior to the scheduled date for non-alcohol on campus events.
- Twenty-one (21) business days prior to the scheduled date for alcohol on campus events.
- Thirty (30) business days prior to the scheduled date for out of city or province events.

****NEW* Please review the Calendar for Room Availability throughout the College at the following:***

<http://uoft.me/NEWroomcalendar>

Note: availability subject to change based on time of input by College staff

If you have any questions or concerns about this process, your event, or the safety of participants, please contact a designated signatory at the Office of Residence and Student Life, Wilson Hall, New College.

Date of the Event:	<input type="text"/>
Date Submitted:	<input type="text"/>
Room Requested:	<input type="text"/>

SECTION 1: ORGANIZER'S INFORMATION

Name of Student Group	<input type="text"/>
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PRIMARY EVENT ORGANIZER'S INFORMATION

Name	<input type="text"/>
Student #	<input type="text"/>
Position in Organization	<input type="text"/>
E-mail	<input type="text"/>
Mobile #	<input type="text"/>

SECONDARY EVENT ORGANIZER'S INFORMATION

Name	<input type="text"/>
Student #	<input type="text"/>
Position in Organization	<input type="text"/>
E-mail	<input type="text"/>
Mobile #	<input type="text"/>

Is this event in collaboration with another group or organization? **Yes** or **No** (circle one). If yes, provide the following:

Group Name	<input type="text"/>
Contact Person & Position	<input type="text"/>
E-mail	<input type="text"/>
Mobile	<input type="text"/>

SECTION 2 EVENT, MARKETING, & ADVERTISING INFORMATION

Event Title	<input type="text"/>
Event Date & Start/End Time	<input type="text"/>

<p>Description of Event</p> <p><i>(Please provide as much information as possible; content of discussions/media, food/drink provided, etc.)</i></p>	<input style="width: 100%; height: 200px;" type="text"/>
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Participants (who is this event open to?):*

	New College Students	Staff & Faculty	U of T Students	Alumni	Community
<i>Select all that apply</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Est. # of Participants	<input type="text"/>
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How will your event be advertised:

	Posters & Banners	E-mails & Listservs	Social Networking Tools	Teaser Events	Information Booths	Other (Please describe)
<i>Select all that apply</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Event Location (include address or room # as applicable)	<input type="text"/>
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Has this location been reserved? Yes No

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SECTION 3: EVENTS WHERE ALCOHOL WILL BE SERVED*

****ONLY complete this section if alcohol will be served at your event****

		Yes	No
1	Will alcohol be served by a Campus Beverage Services bartender or licensed venue bartender?		
2	Are the bartenders Smart Serve trained and aware of their responsibilities not to over-serve or serve to minors?		
3	Will there be an entrance or ticket cost that includes alcohol?		
4	Will food be provided at the event?		
5	Will there be at least 3 non-drinking volunteers designated to monitor attendees? (note: 3 volunteers for every 50 attendees)		
	Volunteer's Name #1:		
	Volunteer's Name #2:		
	Volunteer's Name #3:		
6	Did the above volunteers sign a contract clearly outlining their role and responsibilities at the event? If yes, please attach a copy to this document.		
7	Will attendees be required to bring their health card? (STRONGLY ENCOURAGED)		
8	Will attendees be required to bring government issued ID? (STRONGLY ENCOURAGED)		
9	Will this be an all-ages event?		
10	If this is an all-ages event, will wristband policy be in effect?		
11	Will Campus Police be informed of this event?		
12	Will there be hired private security?		
13	If no above (to the above question), will there be designated student volunteers to act as security? If yes, list all student volunteer's names below.		
	Volunteer's Name(s):		
14	Did the above volunteers sign a contract clearly outlining their roles and responsibilities at this event?		

**** this section must be completed for all events****

SECTION 4: HOSPITALS & EMERGENCY FACILITIES*

(Copy of *this form will be brought to event for reference of these locations*)

Indicate all facilities within 10km of your event's location.		Yes	No
15	Toronto General Hospital 200 Elizabeth St., Toronto, ON, M5G2C4 416.340.3111		
16	Mount Sinai Hospital 600 University Ave., Toronto, ON, M5G1X5 416.596.4200		
17	St. Michael's Hospital 30 Bond St., Toronto, ON, M5B1W8 416.360.4000		
18	Toronto Western Hospital 399 Bathurst St., Toronto, ON, M5T2S8 416.603.5800		
19	Other (hospital's name, address, & contact number)		

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**** this section must be completed for all events****

SECTION 5: TRANSPORTATION

		Yes	No
20	Are you arranging group transportation? (<i>includes walking</i>)		
21	Are you renting: Cars / Vans / Buses? (Please circle all that apply)		
22	Do you have a signed contract for the arranged transportation method selected above? <i>If yes, please attach a copy of this document.</i>		
23	Are you driving a personal vehicle to transport students?		
24	Are arrivals and departure times known by all attendees?		
25	Are transportation waivers going to be administered prior to boarding? If yes, please attach a copy of this document.		
26	Do you have a contingency plan for persons missing return transportation? <i>Describe Contingency Plans:</i>		
27	Will intoxicated individuals be permitted to board the transportation vehicle upon departure from UofT?		
28	<i>If not (to the above question), what measures are in place for their care?</i> <i>Explain:</i>		
29	<i>If not arranging transportation, what plans do you have in place for the safe arrival and departure of all attendees? (i.e. buddy system, walking together, TTC maps, other?)</i> <i>Explain:</i>		
30	Will attendees be required to bring their health card?		
31	Will attendees be required to bring Personal Information? (STRONGLY ENCOURAGED)		
32	Will you be travelling out-of-city, out-of-province, or out-of-country? (circle which apply)		
33	If you are travelling out-of-city, out-of-province, or out-of-country, does each participating student have adequate health insurance and documentation?		
34	Will this be an overnight event? If yes, please attach all affiliated documentations (i.e. waivers, contracts, fee structure etc.)		
35	<i>If yes (to the above question), please describe accommodations:</i>		

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**** this section must be completed for all events****

SECTION 6 PERSONAL SAFETY & ACCESSIBILITY

Yes No

36	Will your event involve any physical activities (i.e. skating, skiing, etc.)? <i>If yes (to the above question), please specify the activities that will be involved in this event: (walking distance must be specified)</i>		
37	Will there be accommodations for attendees with accessibility needs? (i.e. technological, dietary, physical) <i>If yes, please specify what accommodations are being made:</i>		
38	Will there be equipment(s) that involves a degree of risk (i.e. snow-tubes, major audio, trampolines, hotplates/grills, etc.)? <i>If yes (to the above question), please describe:</i>		
39	Are there any personal safety issues (i.e. walking after dark, working with at-risk persons, etc.)? <i>What preventative measures are in place to mitigate the identified risks (i.e. walk smart, buddy system, petty cash, tokens, etc.)?</i> <u>Explain:</u>		
40	Are there any potential risks to the emotional, psychological, and or social health and wellbeing of the event participants? <i>What preventative measures are in place to mitigate the identified risks?</i> <u>Explain:</u>		
41	Will the Primary Event Organizer as identified on page 1 be CPR or First Aid trained? <i>If yes (to the above question), please list his/her designation/certified level.</i>		
42	How many volunteers with CPR and/or First Aid training will be present at the event?		
43	Will all participants be required to bring their health card? (STRONGLY ENCOURAGED)		

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Yes No

44	Will crowd control measures be put into place? Please describe:		
45	Will Campus Police be made aware of this event?		
46	Are organizers and volunteers aware of the nearest hospitals/healthcare centres/emergency facilities and means of transportation to those locations? Please see page #5		
47	Will waivers be administered and signed prior to the event? If yes, please attach copy		
48	Will waivers be administered and signed at the site of the event (in the case that it is off-campus)? <i>If yes, please attach a copy of this document.</i>		
49	Will this be an overnight event? If yes, attach affiliated documents		
50	Will there be hired private security?		
	<i>If no above, will there be designated student volunteers to act as security? If yes, list all student volunteer's names below.</i>		
	<i>Volunteer's Name(s):</i>		
51	Will you be collecting emergency contact information for participants? (If no, skip to #55)		
52	Who will have access to the above contact information? <i>Please list the names of the person(s):</i>		
53	How/where will the above contact information be stored? <i>Explain:</i>		
54	What will happen to the above contact information after the event is completed and who will be responsible for ensuring this is executed? <i>Explain:</i>		
55	Describe your emergency action plan in the case of injury, distress, etc.:		

**** this section must be completed for all events****

SECTION 7: COMMUNITY DISRUPTION

Yes No

56	Will there be amplified speakers?		
57	Will all noise By-Laws be adhered to? (Please consider in-session classes , offices, and surrounding neighborhood).		
58	Will you be hosting activities in a residential area? <i>(Wilson, Wetmore, William Doo are all residential)</i>		
59	Has a letter of notice been sent to all residents and surrounding businesses?		
60	Has a cleanup crew been designated?		
61	Who is responsible for any damages and remaining clean up? <i>List of Names + Group(s):</i>		

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RISK ASSESSMENT AND RESPONSIBILITY FORM CHECKLIST

Before submitting, have you:

<input type="checkbox"/>	Filled out each section (as applicable)
<input type="checkbox"/>	Ensure contact information is clear and up to date
<input type="checkbox"/>	Attached all contracts/waivers as noted within this document

If you have any questions or concerns about this process, your event, or the safety of participants, please contact a designated signatory.

This form was completed by:

Name (print): _____

Date: _____

Signature: _____

Preferred method of contact _____

FOR OFFICE USE ONLY

Approved (circle one):

YES	YES – with revisions (see below)	NO	NO – but can resubmit
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Please resubmit with the following revisions:

Approved by:

Name (print): _____

Title: _____

Date: _____

Signature: _____