Event Risk Assessment Form
Texas A&M University - Commerce

Contact

Event Name	Requesting Department

Department Contact	Title	Phone #	Email

Description

Details

Date/Time		Weather Location	
Location		Food Source	
# of Attendees		Alcohol Served	*Yes* *No*
# of Staff		Money Present/Selling	*Yes* *No*
SPECIAL GUESTS/DIGNITAIRES:			

Concerns

	Activity		Transportation		Contract		**Animals** *(a review by IACUC or Attending Vet is necessary)* A minimal review time of 6 weeks is necessary
	Premises		Security		Lease Agreement		
	Attendance		Supervision		Age of Participants		
	Inherently Dangerous		Housing		Alcohol		
	Financial Impact		Reputational Risk		Sponsor		Food
	Other:						

Approvals

Requesting Department Director

Printed Name *Signature* *Date*

University Police Department

Printed Name *Signature* *Date*

IACUC or Attending Vet Approval (if needed)

Printed Name *Signature* *Date*

Safety and Risk Management

Printed Name *Signature* *Date*