

**TALL PINE COUNCIL
BOY SCOUTS OF AMERICA**

SPECIAL EVENTS AND ACTIVITY CHECK LIST

PLEASE REVIEW WITH YOUR COMMITTEE AT THE FIRST PLANNING MEETING.

CONTACT PERSON _____ **PHONE#** _____
(Name) (Position)

REPORT TO: RISK MANAGEMENT COMMITTEE **DATE** _____

1. **EVENT NAME** _____

DATE(S) _____ **TIME(S)** _____ **PLACE(S)** _____

2. **PARTICIPANTS:** (Scout employees, project leader, units, age range of youth, other organizations, public, etc.) _____

3. **EQUIPMENT:** (Tents, Sound Systems, Heavy Machinery, Contracts, Certificate of Insurance.)

4. **VEHICLES:** (What type of transportation, who is driving, what type vehicle - leased or Scout owned, Certificate of Insurance, authorization trip forms) - Tour Permits.

5. **FOOD:** (Where the food is purchased, food storage, how the food is prepared, who is serving the food, does the provider of the food have liability insurance, who purchased the food, contacts.) Be specific.

6. **BEVERAGES:** (Is there a charge, who is monitoring the use of and storage.) _____

7. **SECURITY:** (Who is in charge, is law enforcement involved and duties outlined.)

8. **ADMISSION/FEES:** (Is there a fee for the event, who will collect the money, who will provide safe keeping of the money.) _____

9. **SCOUT PROPERTY:** (Does the public have access, is the event held inside, location of parking, any other uses of Scout owned equipment, Hold Harmless Agreement.)

10. **GAMES/CONTESTS:** (Who's monitoring the activities/procedures, did Scouts purchase the prizes, or were they donated, product liability issue.) _____

11. **ADVERTISEMENT:** (Is the event publicized, does the advertisement make the Scout the primary sponsor and liable.) _____

12. **MAINTENANCE:** (Who is responsible for cleaning up after the event or is someone hired, if so, is there a contract?) _____

13. **FUND-RAISERS/COMMUNITY EVENTS:** (Is it a responsible community or government organization we are helping, who is in charge, who is supplying the items or materials being used and who is responsible for the funds.) _____

14. **SEASONAL WEATHER CONDITIONS:** (What exposure is there due to weather related events.) _____

15. Is aircraft / hot air balloons involved? _____

16. **HAZARD/EXPOSURES:** (Any other significant people, places, things, conditions, materials, contract, agreements, chemicals, fireworks, watercraft, train.) _____

17. **LEADERSHIP TRAINING:** (Has required training been completed for Youth Protection, First Aid, Firearms, Water Safety, _____, _____, _____, _____?)

18. Are staff Youth Protection trained? _____
(a) Will all units participating have two (2) leaders Youth Protection trained? _____

19. **HEALTH OFFICER:** Name _____
Type of Certificate _____ (Minimum of First Responder) _____ (Expiration Date)

PLEASE PHOTO COPY CERTIFICATE/LICENSE