

If you are considering scheduling an event or activity, please complete the checklist below. The High Risk Events/Activities will require you to complete the Event/Activity Request Form and submit for approval

Please keep this checklist in your files.

Who is participating?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Employees or students from other institutions, or members of the public?
<input type="checkbox"/>	<input type="checkbox"/>	EOU employees?
<input type="checkbox"/>	<input type="checkbox"/>	Minor students or participants?
<input type="checkbox"/>	<input type="checkbox"/>	Employees or students from other institutions, or members of the public?
<input type="checkbox"/>	<input type="checkbox"/>	Participants who require disability accommodations?

What are you doing in this activity?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do the activities require strenuous exertion?
<input type="checkbox"/>	<input type="checkbox"/>	Are conditions or activities (i.e. exposure to hazardous substances, or using heavy machinery or high risk activities) considered high risk?

What are your emergency plans?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has a near-by medical facility or medical provider been identified?
<input type="checkbox"/>	<input type="checkbox"/>	Will first-aid be available on site? With the group leader?

Rate Potential Risks	RISK PRIORITY CHART			
	SEVERITY: How severe would the loss be?			
FREQUENCY: How likely is it that it will occur?	Extreme	Major	Moderate	Minor
Very Likely (Could happen frequently)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Likely (Could happen occasionally)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Unlikely (Could happen, but rare)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Very Unlikely (Could happen-probably won't)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

This stage of the risk assessment is a way of ranking risks in terms of their priorities. The risk scores obtained have no absolute value. This chart OLY ranks the risks.

SCORE
1, 2 or 3
4 or 5
6 or 7

ACTION
High Risk
Moderate Risk
Low Risk

If action is high risk: Please describe how you will mitigate the risk on an attached document and complete the Events Activity Request form. Please submit these documents to Risk Management, IH 202A for review 30 days prior to event or activity.