

# HMSU EVENT SECURITY ASSESSMENT

## Indiana State University - Division of Student Affairs

In order for the Reservations Staff and Facility Manager to review event details for the purpose of reducing the amount of risk and liability an event holds and to help keep participants safe, we require groups to complete a Security Assessment if they fall into the categories listed below. Unresolved security concerns will be referred to the Office of Public Safety. This completed form must be turned into the **HMSU** reservations department no later than **THREE WEEKS PRIOR TO THE DATE OF THE EVENT**, in order to allow time for processing, adaptation of the event if necessary and staffing by Public Safety Officers. Arrangements/payment for any required Officers must be completed with **PUBLIC SAFETY** a minimum of **TWO WEEKS** in advance.

Sponsoring Organization: _____	Name of person submitting form: _____
E-Mail Address: _____	Local Phone: _____
President's Name: _____	Phone: _____
Advisor's Name: _____	Phone: _____
Title/Type of Event: _____	Location: _____
Date of Event: _____	Start time of event: _____ End: _____
Estimated Attendance: _____	Admission fee, if any: _____
Name and position of person(s) supervising the event: _____	

**Attendance: Check all that apply**

_____ open to organization members only	_____ open to the ISU community
_____ open to the general public	

Name of Speaker\*: \_\_\_\_\_ Topic/Title of Speech/Event: \_\_\_\_\_  
\*Please provide speaker biography or promotional material.

**Event Details: Check all that apply** (Please note: Security Assessments are built into the existing approval process for late night dances.)

1. \_\_\_\_\_ Live or DJ Music in Dede I, II, III, Sam's and Dede Plaza.

Name of Band or DJ: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed contract? \_\_\_\_\_ Yes (attach copy) \_\_\_\_\_ No      DJ supplying sound equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. \_\_\_\_\_ Events beginning after 10pm or requesting extended hours.

3. \_\_\_\_\_ Events on Dede Plaza beginning or continuing until after dark.

**Risk Management Review: Check all potential problems that may arise at your event.**

_____ expect capacity crowd	_____ expect guests under the age of 18
_____ topic that may elicit strong emotional response	_____ expect non-ISU college students
_____ blocked emergency exits	_____ cash control/security
_____ alcohol will be served	_____ amplified sound
_____ potential injury from props or equipment	Other: _____

**Event Safety / Security Plan: Check what steps you have taken/will take, to ensure reasonable protection of property and safety of guests attending your event.**

- \_\_\_\_\_ will designate group members assigned to monitor event and adhere to fire code capacity and ensure emergency exits are not blocked.
- \_\_\_\_\_ will review and inform members of the quickest way to get in touch with HMSU Staff for assistance.
- \_\_\_\_\_ will review set-up of DJ, Speakers, etc. to ensure set-up is safe. (HMSU staff will also monitor)
- \_\_\_\_\_ will have more than one person with any monies at all times and have cash box to collect the money.
- \_\_\_\_\_ will contact HMSU staff and or Public Safety staff for assistance with any drunk or disorderly guests.
- \_\_\_\_\_ will take responsibility for actions of non-university guests and/or ensure they are the guest of an ISU student.
- \_\_\_\_\_ will require picture ID's of all attendees.

Other: \_\_\_\_\_

**NOTE: Compliance with the Code of Student Conduct, the University Handbook and all applicable Laws of the State of Indiana and Ordinances of the City of Terre Haute, are expected and required.**

**FOR OFFICE USE ONLY**

***APPROVED BY FACILITY MANAGER***

I have reviewed the security considerations for this event and feel that proper consideration has been given to the reasonable safety of participants.

Facility manager: \_\_\_\_\_  
Signature Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

***DISAPPROVED BY FACILITY MANAGER***

I have reviewed the security considerations for this event and do not feel that complete preparations for the reasonable safety of participants are in place. **In order for the proposed event to occur, the sponsor must meet with and secure the approval of the Director of Public Safety.**

Facility Manager: \_\_\_\_\_  
Signature Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

***PUBLIC SAFETY REVIEW***

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Director of Public Safety: \_\_\_\_\_  
Signature Date

Public Safety Officers are required: \_\_\_\_\_ yes \_\_\_\_\_ no If yes, \_\_\_\_\_ number of officers required

Comments: