



TOWN OF PERINTON
 1350 Turk Hill Road
 Fairport, NY 14450
 585-223-0770
 www.perinton.org



SPECIAL EVENT SECURITY AND RISK MANAGEMENT PLAN

Completion of this form is required for all proposed events to be held on Town of Perinton owned property exceeding event attendance of 500 persons.

EVENT INFORMATION

Name of Event	
Proposed Location of Event	
Start Date and Time of Event	End Date and Time of Event
Recurring Dates/Times	Setup Dates and Times
Type of Event <input type="checkbox"/> Musical Event <input type="checkbox"/> Play/Theatrical Performance <input type="checkbox"/> Religious Event <input type="checkbox"/> Speaking/Presentation <input type="checkbox"/> Athletic Event <input type="checkbox"/> Other _____	
Ticketed Events <input type="checkbox"/> Ticketed Event (i.e. Concerts/Performances/Etc.) <input type="checkbox"/> Un-Ticketed Event (Fundraisers/Party/Etc.)	
Anticipated Attendance	General Liability Insurance Provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Alcohol to be Sold or Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Liquor Authority License Provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
All Alcohol Servers Have Completed Alcohol Server Training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

PRIMARY CONTACT

Name		
Mailing Address		
City	State	ZIP
Phone Number	Cell Phone Number	
E-mail		

DURING EVENT ON SITE EMERGENCY CONTACT

Name
Mailing Address

City	State	ZIP
Phone Number	Cell Phone Number	
E-mail		

PARKING AND VEHICLES

Parking Lots Anticipated for Event		
Anticipated Vehicle Attendance	Lot Closures Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<i>Events exceeding 300 vehicles will require a designated parking and traffic enforcement company/person. Parking Attendants are required to be present throughout event.</i>		
Parking Company:		
Point of Contact:		
Mailing Address		
City	State	ZIP
Phone Number	Cell Phone Number	
E-mail		
Number of Parking Attendants:		

SECURITY COMPANY

<i>Any security companies utilize for special events are required to be licensed with the New York State Department of State, Division of Licensing Services.</i>		
Security Company:		
Point of Contact:		
Mailing Address		
City	State	ZIP
Phone Number	Cell Phone Number	
E-mail		
New York State DOS Company ID Number		

Crowd Control Measures to be Utilized (e.g. barricades, fencing, ushers, etc.):	
<i>(provide map indicating locations/layout/etc.)</i>	
Number of Guards to be Provided _____ Fixed _____ Mobile _____ Roving _____ Other	Are all guards licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Only unarmed guards are permitted Town Code 159-3(U)</i>
The guard company has post orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Means of identification (uniform/shirt/id) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

FIRE PREVENTION SAFETY CHECKLIST

Designed emergency vehicle ingress and egress points are provided. These points will be kept clear at all times.

Yes No

Emergency egress and/or escape routes are designed and delineated. These routes are kept clear at all times.

Yes No

Fire extinguishers are provided for emergency use as needed at all of the following points:

- All Points of Food Preparation
- All Points with Ignition Sources
- Location with Heavy Electrical Use
- Any location with open flame

Yes No

Any events exceeding 1000 persons will be provided with crowd managers. Crowd managers will number 1 per 250 attendees.

Yes No

A procedure for contacting emergency services has been relayed to all event staff

Yes No

WEATHER EMERGENCY CHECKLIST

A person has been designated as responsible for monitoring weather conditions.

Designated Person:

Yes No

_____ Contact Phone:

For outdoor events, a relocation location had been identified for weather incidents. Any designated relocation location must be capable of holding event staff and attendees

Designated Location:

Yes No

WEATHER EMERGENCY CHECKLIST
(CONTINUED)

- Thunderstorms* Yes No
A policy is in place to seek shelter in the event of thunderstorm risk. This policy shall constitute seeking shelter upon the sounding of thunder and continuing to seek shelter until 20 minutes following the last audible sound of thunder.
- Windstorms* Yes No
A policy is in place to seek shelter in the event of high wind risk. Gusts exceeding 40 miles per hour can result in hazards associated with falling and flying debris.
- Heat Index* Yes No
A policy is in place to address the hazards of heat exposure. Heat index exceeding 90 degrees can result in heat stroke with prolonged exposure or physical activity. Heat indexes exceeding 105 degrees indicate that heat stroke is likely. A plan is in place to provide drinking water in the event the heat index exceeds 90 degrees.
- Cold/Snow* Yes No
A policy is in place to address the hazards of snowstorms and cold exposure. Specifically a policy to provide warming facilities. A policy is in place to rotate individuals into warming facilities every 30 minutes when the wind chill is below -15°F.

PARKING AND TRAFFIC CHECKLIST

- Clearly defined traffic paths are provided and separated from pedestrian thoroughfare. Yes No
- Traffic control signage provided (i.e. lot full, lot identification signs, traffic pattern, etc). Yes No
- All traffic management staff must wear ANSI approved safety vests. Yes No
- All traffic management staff are adequately trained Yes No
- A traffic management plan indicating the following is attached Yes No
 Locations of Parking Attendants
 Locations of signage as needed
 Traffic Pattern as Needed
 Locations of Barricades
 Emergency Vehicle Access Route

SECURITY CHECKLIST

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Local emergency services (law enforcement, fire and emergency medical services) have been made aware of your event. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A pre-event venue inspection must be conducted. Safety and security issues must be identified and mitigated. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Entry and Egress areas are clearly delineated, accessible and monitored. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limits of event (perimeter) are clearly delineated. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Current site maps have been provided to all security/event staff. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will bag and patron/attendee screening be provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will event staff be provided with credentials to identify themselves (id badges/shirts/etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a communications and reporting plan in place for patrons and/or staff to reach security or event management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will a final briefing be conducted just prior to the event for security/management staff?
Introduce staff
Share key contacts, maps, details
Review assignments
Reviews post orders/rules
Reporting Procedures
Credentialing procedures
Review locations of emergency
Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FIRST AID/MEDICAL EMERGENCIES

- | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Designated individuals are provided to respond to medical emergencies as they occur. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Designated staff are adequately trained to render assistance in the event of a first aid/medical incident. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate first aid supplies are provided for potential injuries. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ATTACHED DOCUMENTS

*The following plans have been provided
(Contact Safety and Security If Facility
Plans are needed)*

Site/Facility Plan Indicating the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Limits (Perimeter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Designated Parking Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Locations of Parking Attendants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crowd Control Devices including barricades, fencing etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed Guard Posts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entry/Exit Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Vehicle Access Points	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Contact Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Management Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Parking Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Security Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Any Pertinent Security Post Orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Insurance Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Event Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Notes:

Event Management Printed: _____

Event Management Signed: _____

Date: _____