

Risk Identification and Evaluation

Department: \_\_\_\_\_ College/Division: \_\_\_\_\_

Department Contact Information:

Name/Title: \_\_\_\_\_ Telephone/Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

The campus must determine if the activity or risk is one that may warrant departure from the regular insurance requirements. The following information must be provided:

Event/Activity/Contract:

\_\_\_\_\_

Date(s): \_\_\_\_\_ Start/End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Contract/Agreement Amount: \_\_\_\_\_

Description of Event/Activity/Contract:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer all of the following questions (indicate N/A for those not applicable).

1. What activities will take place?

\_\_\_\_\_  
\_\_\_\_\_

2. How many attendees are expected?

\_\_\_\_\_

3. Who could be harmed? Will the public be involved? Will minors be present?

\_\_\_\_\_  
\_\_\_\_\_

4. What property could be damaged and to what degree?

\_\_\_\_\_  
\_\_\_\_\_

5. Are crowds or bystanders/passersby likely to be involved?

No: \_\_\_\_\_

Yes/Possibly, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Will inherently dangerous activities be involved?

No: \_\_\_\_\_

Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Will alcohol be served?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is there a possible pollution (air, soil, water) exposure?

No: \_\_\_\_\_

Yes/Possibly, please explain: \_\_\_\_\_

\_\_\_\_\_

9. How likely is it that the University will be a defendant in the event of a loss?

\_\_\_\_\_

\_\_\_\_\_

10. Is there a reputational risk to the University?

No: \_\_\_\_\_

Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Is this a recurring (annual) special event? If "yes" what is the safety/loss history of the event?

No: \_\_\_\_\_

Yes: \_\_\_\_\_

\_\_\_\_\_

Department Administrator Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Signature/Date

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**Evaluator Comments:**

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**What is the maximum likely loss for this activity?**

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**Name/Title**

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**Signature/Date**

**Director, Risk Management/Environmental Health and Safety Comments:**

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**Name/Title**

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**Signature/Date**

**\*Vice President for Administration and Finance and CFO, or designee, Comments:**

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**Name/Title**

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**Signature/Date**

**\* Certain cases may require approval by the Vice President for Administration and CFO, or designee, (to be determined on a case-by-case basis).**