



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

SAFE Form Guideline

The attached document provides a more detailed description of the SAFE Form system and the required documents. Please utilize this document in order to answer any initial questions you may have about the SAFE Form. Please note that this is not an extensive explanation of requirements as program opportunities are endless. If you have any additional questions, please contact Risk Management at 407-823-0648 or 407-823-0206.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 1: Organization Information

Step 1: Organization Information	
Organization Information	
*Sponsoring Organization Name	<input type="text"/>
*Name (Person with the most knowledge of the event):	<input type="text"/>
*Local Address:	<input type="text"/>
*Local Phone (999.999.9999):	<input type="text"/>
*E-Mail:	<input type="text"/>
Fax (999.999.9999):	<input type="text"/>
Organization Relationship to UCF - Per University Regulation 4.029, UCF-4.029, Is this organization one of the following?:	
a. University Organization - SGA (Student Government Association, Student Government Association Affiliated Agency/Departments) :	<input type="text" value="Not Applicable"/>
b. University Organization - UCF (includes Colleges, Schools, Divisions, Departments, Institutes, or Centers of the University ; and certain corporate organizational units that operate for the benefit of the University ,including but not limited to direct support organizations)	<input type="radio"/> Yes <input type="radio"/> No
c. University-Related Organization (includes Registered Student Organizations)	<input type="radio"/> Yes <input type="radio"/> No
d. Social Greek Organizations formally associated with Fraternity and Sorority Life"	<input type="radio"/> Yes <input type="radio"/> No
e. Non-University Organization	<input type="radio"/> Yes <input type="radio"/> No

You must include **ALL** hosting organizations.

Your contact person must be the event organizer.

List the email you utilize **most** often (this may differ from your Knights email). Once you submit the SAFE Form, you will receive correspondence via email, so be sure to check your email at least **once every 24 hours**.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 2: Event Details

Step 2: Event Details

Activity

*Title of Event:

*Description of Event: (Please be descriptive about what is taking place at event)

*Campus Location:

Reservation Number:

*Number of UCF Students:

*Number of Non-Students:

Admission Fee (if applicable):

Merchandise sold at Event (please describe):

*Event Start Date (MM/DD/YYYY):

*Event Start Time (HH:MM): AM

*Event End Date (MM/DD/YYYY):

*Event End Time (HH:MM): AM

Repeats: Does not repeat

Note: Event times must be in 15 minute intervals (1:00 or 1:15 or 1:30 or 1:45).

All activities must be listed in the description with detailed information. Only those listed can be approved along with corresponding safety checklist.

Include ALL buildings or spaces being utilized for event.



Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 3: Food/Alcohol

Step 3: Food/Alcohol

Food / Catering at Event

*Please select one of the following: Food is being Catered Bring Food/Cooking own Food Not Applicable

Catering Company:

Note: If food is to be catered and the establishment is not on the Business Services approved caterers list you will need to provide a certificate of insurance from the vendor.

Alcohol to be Available at Event

*Please select one of the following: Distributed through Third Party Vendor (Catering Company) BYOB Not Applicable

Type of Alcohol Allowed: Beer Wine Liquor

Vendor (Catering Company):

Note: Servicing of alcohol from a common source or in bulk quantities is prohibited.

You must include any food vendor you plan to use at your event. If you are not using an approved food vendor, you are required to provide additional insurance documentation.

You must include the type of alcohol that will be served and the name of the vendor who is serving the alcohol. The vendor will be required to provide additional insurance documentation. If you are catering alcohol, state law (F.S. 561) requires you to also cater food.

The event organizer will be required to complete the Alcohol Acknowledgement Form.



Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 3: Food/Alcohol (Continued)

Step 3: Food/Alcohol

Food / Catering at Event

*Please select one of the following: Food is being Catered Bring Food/Cooking own Food Not Applicable

Describe Food being Served:

Note: If food is to be catered and the establishment is not on the Business Services approved caterers list you will need to provide a certificate of insurance from the vendor.

Alcohol to be Available at Event

*Please select one of the following: Distributed through Third Party Vendor (Catering Company) BYOB Not Applicable

Type of Alcohol Allowed: Beer Wine Liquor

Describe Manner of Distribution:

Note: Servicing of alcohol from a common source or in bulk quantities is prohibited.

Describe, in detail, how food will be prepared and served. Are you cooking it off site or at the event? How will the food be served to attendees?

You must indicate the types of alcohol allowed at the event. Additionally, you must describe the way in which the alcohol will be distributed at the event and the controls in place.

The event organizer will be required to complete the Alcohol Acknowledgement Form.



Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 5: Safety Checklist

Step 5: Safety Checklist

Safety Checklist

- a. Will temporary bleachers be used (does not refer to permanent bleachers at athletic fields or gyms)? Sketch required. If so, provide information as to who will set up and take down the bleachers. Certificate will be required of off campus entities. Yes No
- b. Will there be an open flame (including candles), bonfire, laser show, fireworks(does not refer to barbecues or cooking)? Sketch may be required. If so, who will be responsible for setting up and taking down? Describe precautions. Proper licensing and insurance will be required for consideration. Yes No
- c. Will smoke machines/foggers be used? Sketch may be required. Proper MSDS must be submitted as well as insurance Certificate from the vendor. Proper ventilation must be described. Yes No
- d. Will food be cooked or sold by vendors? Who will provide the food and who will prepare and serve? On site preparation and service of food by off campus/unapproved vendors will require Certificate of Insurance(does not refer to food that is delivered or brought to the event such as Domino's pizza, Publix deli, etc. purchased offsite and/or delivered from offsite). Yes No
- e. Other than electrical power available in the facility or the Memory Mall, will electrical power be needed? Please describe. If so, contact facilities at 407-823-5223 to arrange. Yes No

Note: Attach drawing of layout or sketch for EH&S and Landscape and Natural Resources approval in Step 6.

b. Please provide clarification in the "Description" section, noting which form of open flame your event will include.

c. In addition to insurance documentation, you will need to provide a Safety Data Sheet from the vendor.

d. Please be sure include a detailed description of food distribution and preparation in Step 3. Indicate the food vendor if applicable. You will need to provide insurance documentation for unapproved caterers.

e. Choose "yes" **only** if you will need **additional** electrical power than what is provided.

Note: For questions a, c, f, g, h, i you must supply a site diagram when completing the SAFE Form.



Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 5: Safety Checklist (Continued)

f. Other than sound and lighting available in the facility, will additional sound system and lighting be needed? Sketch may be required. Describe in detail and who will be responsible for setup and take down. Off campus vendors will be required to provide Certificate of Insurance Yes No

Note: Identify who will set up sound and lighting system (describe below)

g. Will there be a stage, other than existing/permanent stages, or scaffolding, tent over 10' x 10', or other temporary structure? Sketch required. Please describe in detail and who will be responsible for setup and take down. Off campus vendors will be required to provide Certificate of Insurance and Certificate of Flammability as applicable. Yes No

h. Will there be inflatables? Flammability certificate indicating compliance with NFPA 701 and Certificate of Insurance from vendor will be required. Yes No

i. Will there be Carnival rides? Complete list, descriptions, layout sketch, permit information, and Certificate of Insurance will be required. Will animals be part of the event? Domestic (dogs, cats, etc.) or wild (alligators, raccoons, lions, tigers, bears)? Complete list and description of animals, activities, interaction with humans, other animals, health certificates, licenses, permits, etc. will be required as appropriate. Certificate of Insurance will be required Yes No

j. Is the event an athletic activity (includes walks, runs, climbs, relays, feats of strength or endurance, etc.)? If so, first aid arrangements appropriate to the event will be required and must be described. Yes No

Description:

f. Please provide clarification in the "Description" section, noting if your event will include additional sound, lighting, or both.

g. Please provide clarification in the "Description" section, noting which temporary structure will be present at your event. You will need to provide insurance documentation for the vendor.

h. Please indicate in the "Description" section, how many inflatables your event will include, and whether or not participants go inside them. You will need to provide insurance documentation for the vendor and flammability certificates.

i. Please provide clarification in the "Description" section, noting whether your response applies to carnival rides or animals. In both instances, you will need to provide insurance information. In the case of animals, you will also need to provide medical records.

j. Describe the first aid arrangements you have made in the "Description" box.



UNIVERSITY OF CENTRAL FLORIDA

Risk Management

P.O. Box 163500
Orlando, FL 32816-3500

Step 6: Attachments

Step 6: Attachments

Please upload any documentation related to your event:

Choose File No file chosen

Note: File names over 50 characters will be truncated.
Note: Allowed file types are: .doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .txt, .rtf, .jpg, .jpeg

Add

Please add any supporting documentation prior to submitting your SAFE Form. Include site diagram, insurance documentation, flammability certificates, and any other additional information.