

## SAFETY PLANNING FORM (SPF) FOR CAMPUS EVENTS

Indiana University of Pennsylvania

Instructions: Please type. Use the **TAB** key to move through the form.

### Faculty/Staff Advisor to Sponsoring Organization/Program or Designated Event Supervisor

complete Part One **30 days** prior to the event & submit signed copies to Kevin Foster, Assistant Director for Student Leadership and New Student Success, kfoster@iup.edu or deliver to 307 Pratt Hall.

### Director of Public Safety or His/Her Designee

complete Part Two 21 days prior to the event and circulate copies to the affected parties.

P a r t  O n e	1. Name of Event:			
	2. Contracted Performer(s) or Artist(s):			
	3. Type(s) of Event (please indicate with an "X" to the right of all that apply if event includes multiple formats):			
	Performing Arts:	Comedy:	Lecture:	Athletic:
	Dance Party:	Live Music:	Fashion Show:	Other:
	4. Date of Event:		5. Times of Event:	
	6. Event Location:		6. Event Location:	
	Miller Stadium:		South Campus:	
	Fisher Auditorium:		Memorial Field House:	
	Other:		Flagstone Theater:	
	7a. Anticipated Number of Patrons:			
	7b. Type(s) of Patrons (Please "X" all that apply):			
	IUP Faculty/Staff:		IUP Students:	
	Comm. Members:		Other:	
	8. Sponsoring IUP Recognized Organization/Program/Department:			
	9. Name of IUP Student Event Chairperson (if applicable):			
	10. Local Address:		11. Phone:	
			12. E-Mail:	
	13. Signature of IUP Student Event Chairperson:		14. Date:	
	15. Name of IUP Faculty/Staff Advisor or Designated Event Supervisor Attending Event:			
	16. Office Address:		17. Phone:	
		18. E-Mail:		
19. Signature of Advisor/Supervisor:		20. Date:		
21. Please provide more specific information about your event (i.e. artist's website, bio, use back of sheet if needed):				

### For Official Use Only

P a r t  T w o	21a. Safety Staffing Requirement:		Yes:	No:
	21b. Number of Campus Security Personnel:			
	22a. Electronic Screening Requirement (Yes/No):		22b. Total Number of Wand Detectors:	
	22c. Total Number of Gate Detectors:		22d. Total Number of Screening Technicians:	
	23. Pre-Event Planning Meeting Requested by Director of Public Safety:		Yes:	No:
	24. Additional Comments/Specifications:			
	25. Signature of Director of Public Safety:		26. Date:	