

## **MU Group Gatherings/Events COVID-19 Risk Assessment**

Form Modification Date: 10-02-20

**Name of Event:**

**Organization Name and Contact Information:**

**Purpose of Event:**

**Curriculum Based:** YES or NO **If yes, please explain:** \_\_\_\_\_

**Location(s): Building/Room(s); Outdoor Space(s), include Covid-19 occupancy rating if known:**

**Number Expected to Attend (include expected attendees and any staff and/or monitors)**

**Attendees** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Other** \_\_\_\_\_

If non-university visitors are to be invited or required, state reason and numbers expected.

**Date of Event:** \_\_\_\_\_ **Time and Duration of Event:** \_\_\_\_\_

**Food/Drinks:** Describe items, how packaged and source/vendor. \_\_\_\_\_

Sharing of Food and Drinks Not Permitted.

**Performances:** Describe if the activity/event will have any singing/chanting/playing of musical instruments, loud talking?

**Describe THE EVENT/ACTIVITY and describe the COVID-19 Health & Safety Measures for the Event: (Health and Safety measures to include but not limited to: Health Screenings, Face Masks, Social Distancing, Attendance Logs for Contact Tracing, Handling of Items, Compliance Monitoring)**

**Compliance Monitor:**

Identify the individual responsible for ensuring the university's COVID-19 health & safety practices are followed throughout the duration of the event/activities and who will be maintaining the attendance logs.

**Contact Tracing:**

Attendance Logs to be maintained for contract tracing purposes until December 13, 2020 and provided upon request to the University's Health Services or Environmental Health & Safety Office. At a minimum, the log should contain name of event/activity, date and time, and names of the attendees and staff. If possible, include a telephone number for each person.

**Notifications:**

Event Organizer responsible for notifying and obtaining permission from Facilities, Dining Services, University Police, and other university officials as appropriate and required through university policy and procedures.

Email Completed Form to EHS: [gail.fellows@millersville.edu](mailto:gail.fellows@millersville.edu)

Gail Fellows – Environmental Health & Safety  
*Finance and Administration*  
**MILLERSVILLE UNIVERSITY**  
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