

Event Name:

Date:

Contact Name:

EVENT SAFETY PLANNING

Layout

Please complete the attached blank layout or select T Gallery Option A or B or L224 Option A.

Including all that apply:

- Floor plan – must show distancing to avoid congestion and make use of the whole room
- # of chairs and chair placement required
- # of tables and table placement required
- Food station and placement
- Other details

All events and activities must ensure that participants show proof of vaccination is required for all non-academic events.

Description of Event/Activity

Maximum number of participants _____

Detailed breakdown of activities that will occur _____

Is it for academic purposes? Yes No Is it for social engagement purposes? Yes No

Other, please explain _____

Proof of Vaccination

If the event is a social event organizer will need to implement proof vaccination protocols.

- Who will be checking IDs and vaccination passport? _____
- Who will manage non-compliance? _____

Facilities will provide the following for all events/activities in T Gallery and L224:

- Entry/Exit signage
- Self-health check assessment signage
- Hand sanitizer and signage

Food Protocols

- Masks are mandatory at all times with the exception to eat, drink or present.

EVENT SAFETY PLANNING

Draw your event/activity layout below.

Notes:

Max # of participants:

of chairs required:

of tables required:

of food station tables:

Lecturn required?

Other:

KITCHEN AREA

ENTRY

EXIT

Event Name/Date:

Contact:

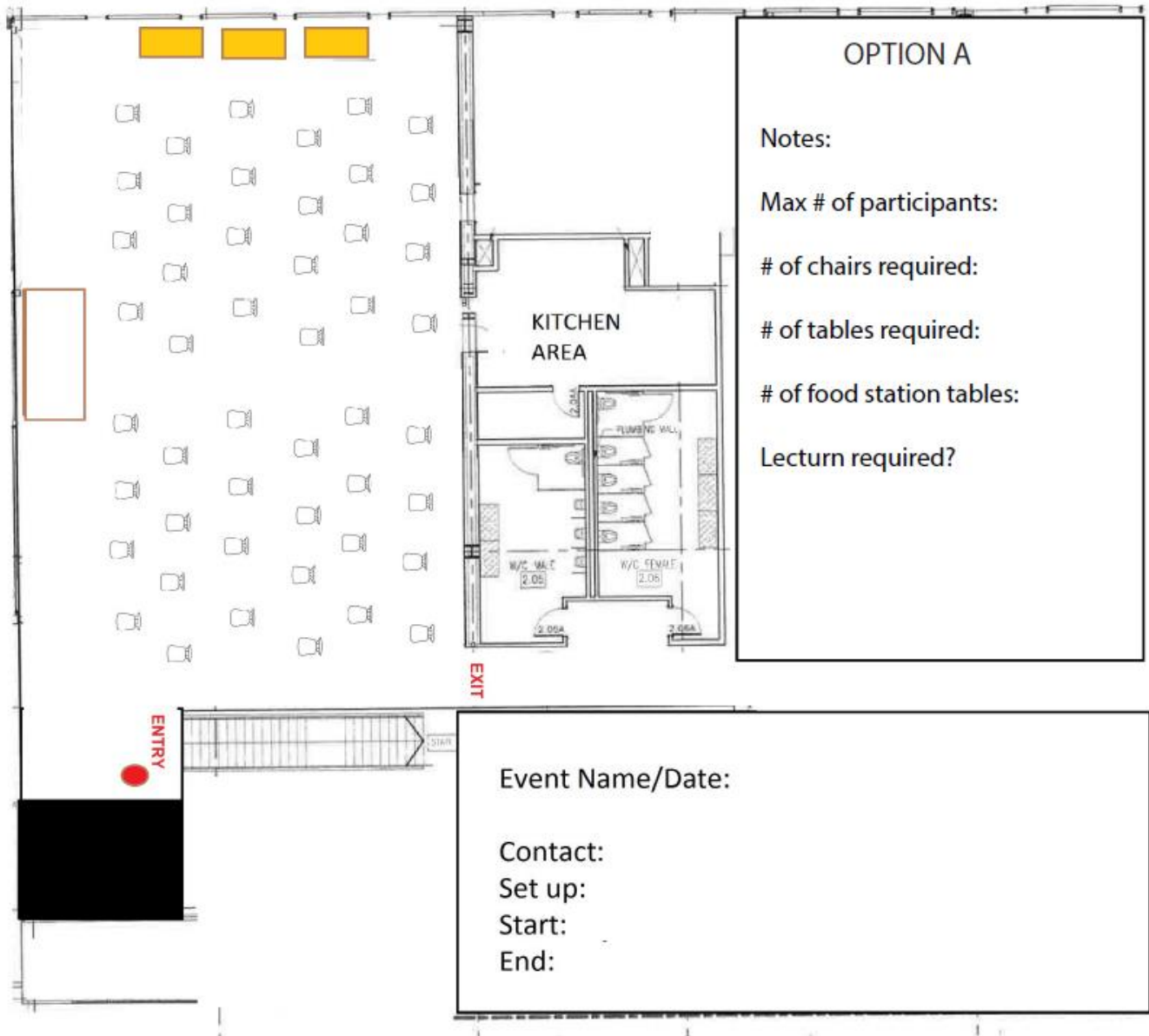
Set up:

Start:

End:

EVENT SAFETY PLANNING

T Gallery – Option A



OPTION A

Notes:

Max # of participants:

of chairs required:

of tables required:

of food station tables:

Lecturn required?

Event Name/Date:

Contact:

Set up:

Start:

End:

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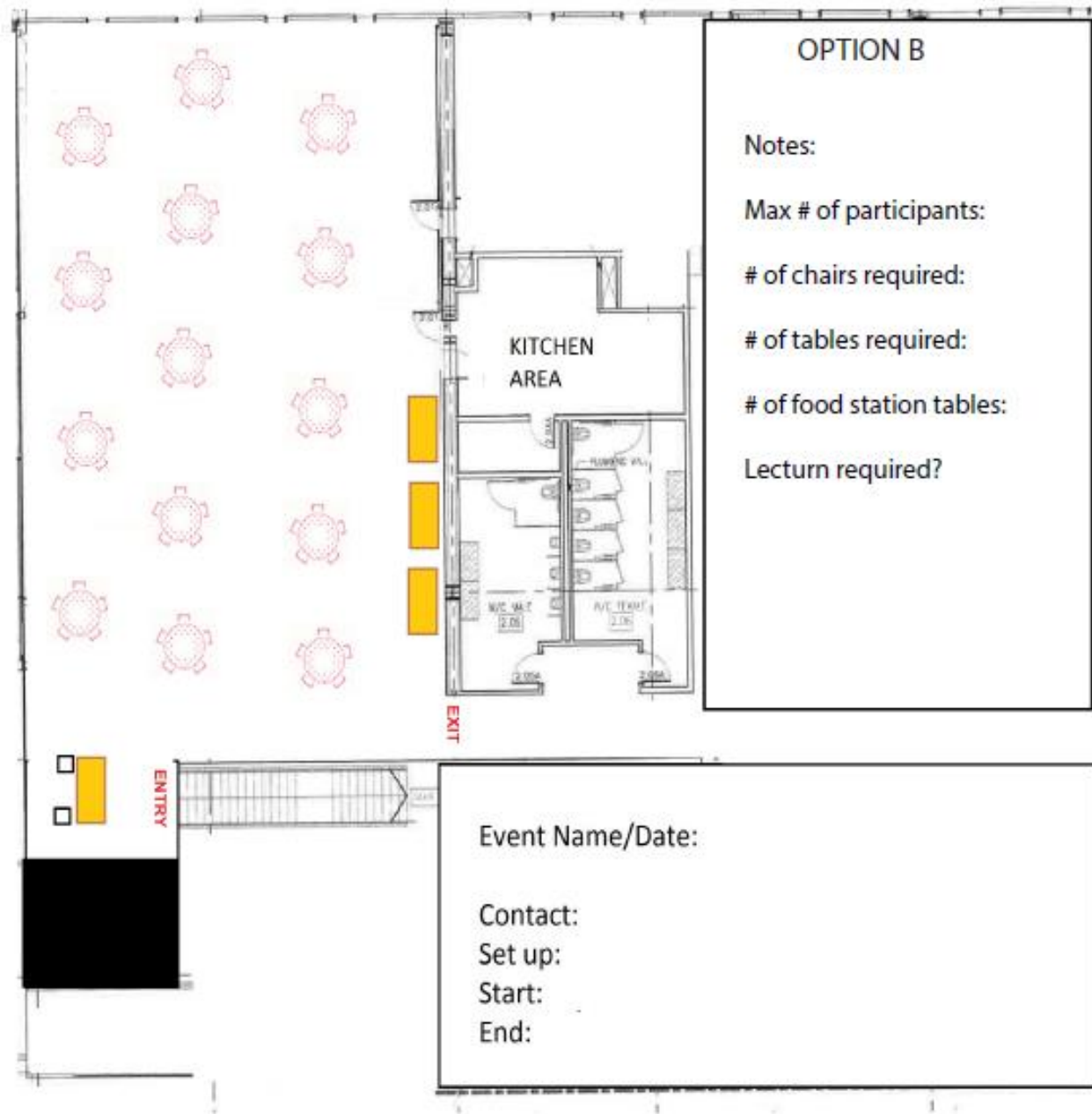
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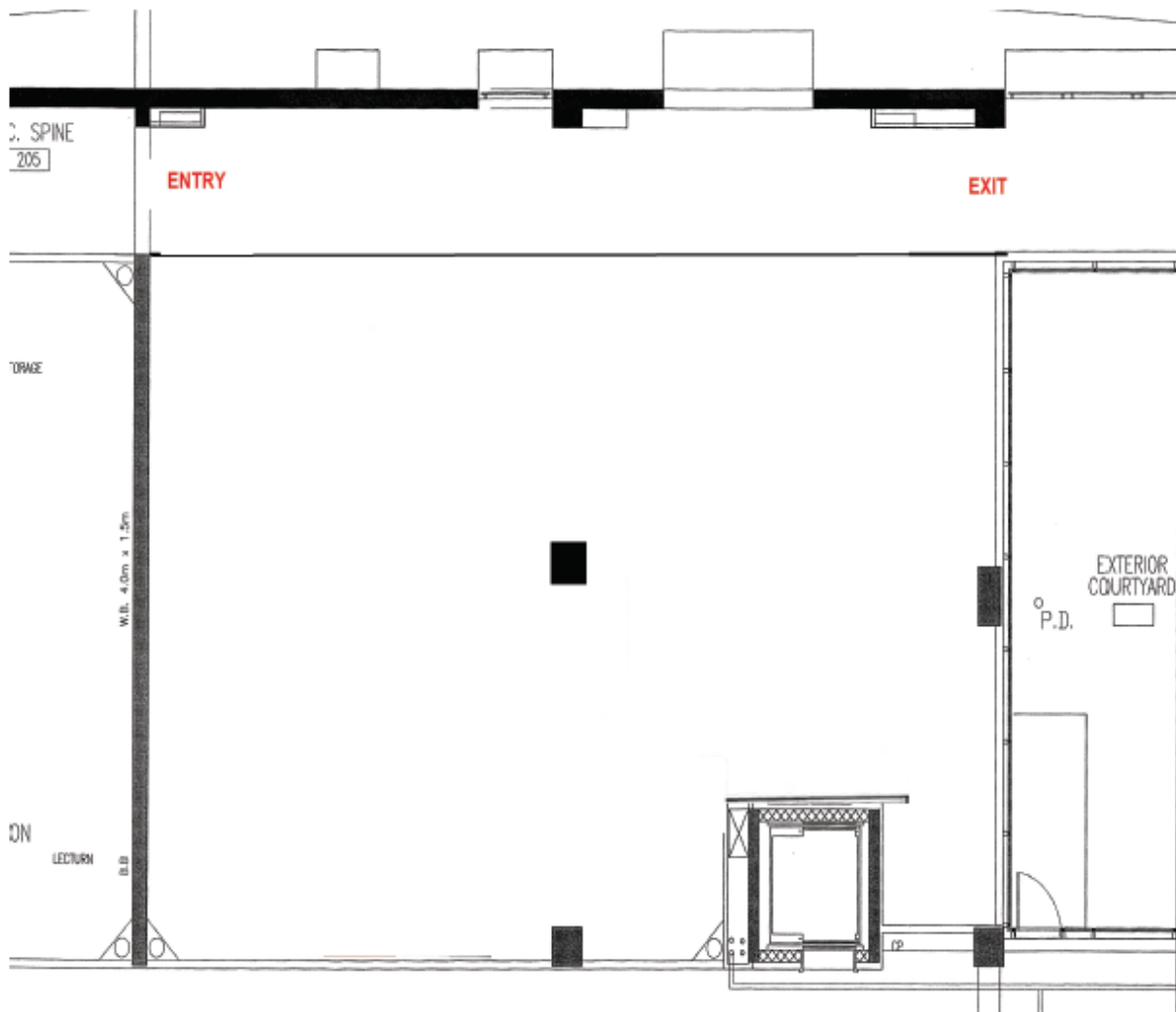
EVENT SAFETY PLANNING

T Gallery – Option B



EVENT SAFETY PLANNING

Draw your event/activity lay



Notes:

Event Name:

Max # of participants:

Contact:

of chairs required:

Set Up:

of tables required:

Start:

of food station tables:

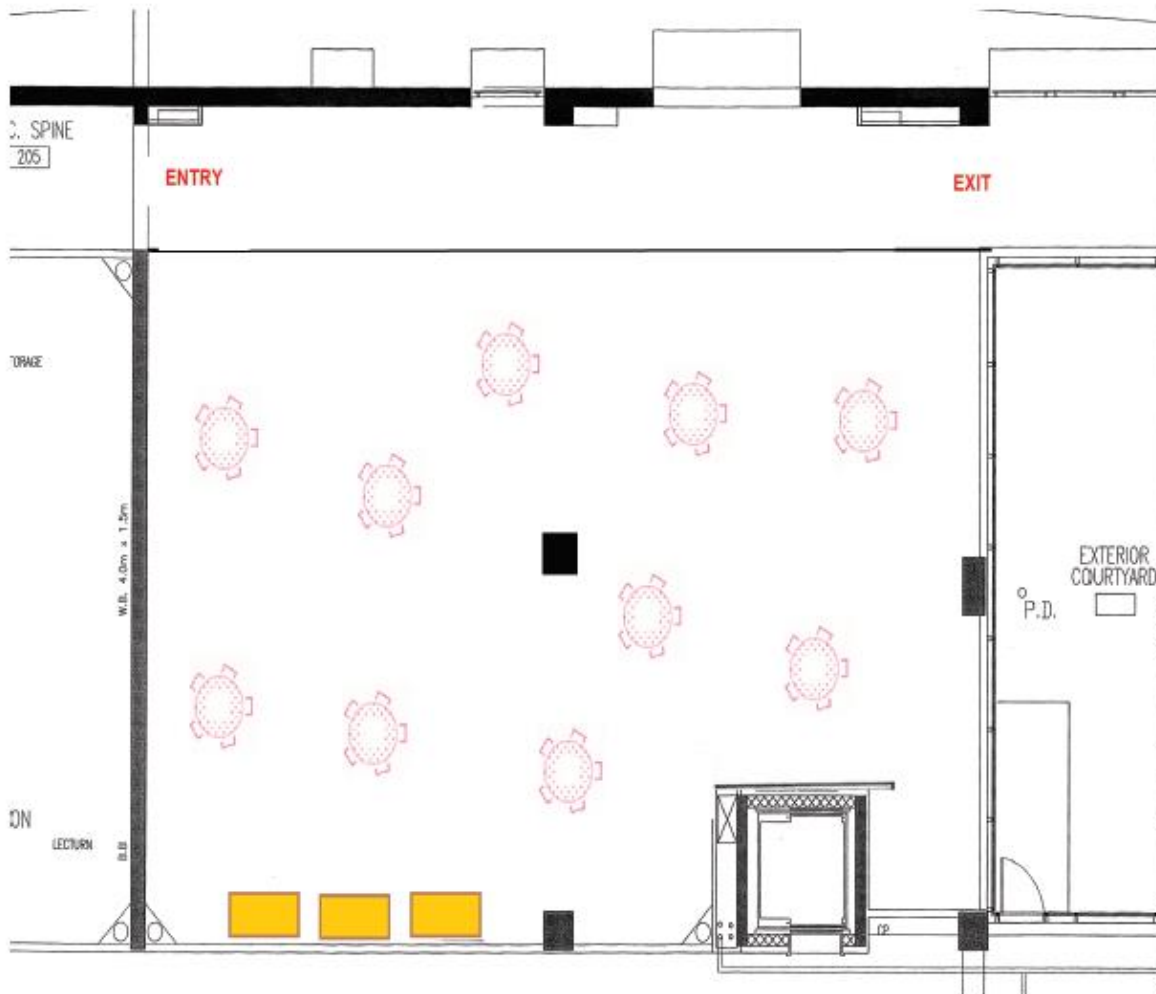
End:

Lecturn required?

out below.

EVENT SAFETY PLANNING

L224 OPTION A



Notes:

Event Name:

Max # of participants:

Contact:

of chairs required:

Set Up:

of tables required:

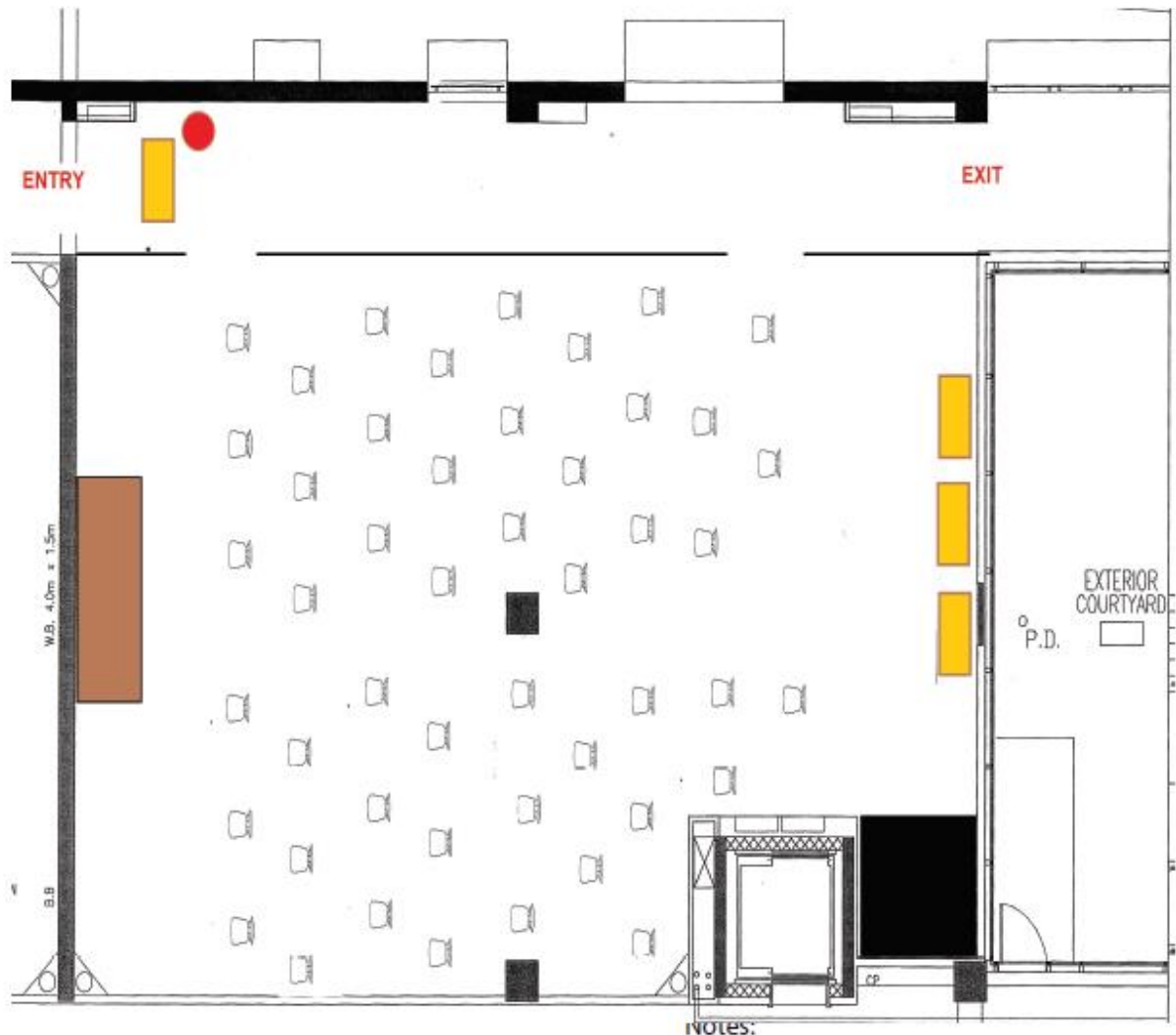
Start:

of food station tables:

End:

Lectern required?

EVENT SAFETY PLANNING



NOTES:

Event Name:

Contact:

Set Up:

Start:

End:

Max # of participants:

of chairs required:

of tables required:

of food station tables:

Lecturn required?

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