



Pre-Event Briefing Checklist

Health, Safety & Environment (HSE)

Event Name: _____ CS Event Leader: _____

Event Coordinator: _____ Coordinator Cell: _____

Location / Address: _____ Date: _____

Event Period/Shift: From: _____ To: _____ # Attending Volunteers _____
(24 Hour Clock)

Volunteers on Shift Complete Name List, is Available/Attached

Yes ☐ No ☐ N/A ☐

| Emergency Contacts: | | Briefed: | Yes | No | N/A |
|---|-----------------------------------|----------|--------------------------|--------------------------|------------------------------|
| • Emergency Services (Medical, Fire, Police) | 911 (Alberta wide) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stampede Dispatch (to report Incidents/Injuries) | 403-261-0595 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Non CS Location (to report Incidents/Injuries) | Local # if applicable: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirm: | Directions to Emergency Equipment | Briefed: | Yes | No | N/A |
| • First Aid Kit Locations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • AED Locations (Automatic External Defibrillator) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency Services Locations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fire Alarm(s) Locations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency Exit Locations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Muster Point Locations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazards (review obvious hazards at the event location with volunteers): | | | | | |
| | | | | | |
| First Aiders On Shift | | | | | N/A <input type="checkbox"/> |
| | | | | | |
| Notes | | | | | |

Signature of Event Coordinator / Briefer: _____

*Submit to your CS Stampede Volunteer Committee Executive

*Retain this document for three (3) years