

NCAC Event Virus Risk Management Plan Checklist

- ☐ Requester Name/Email/Phone:

- ☐ Event Date(s): _____

- ☐ Location (Street Address, City, County, State):

- ☐ Local Government Restrictions for Event Location: _____

- ☐ Total Number of Staff (Adult/Youth): _____

- ☐ Total Number of Active Participants (Adult/Youth): _____

- ☐ Number of Patrols/Dens/Cohorts of 10 or less people: _____

- ☐ Screen Participants and Staff using the Model COVID-19 Pre-Event Medical Screening Checklist: <https://filestore.scouting.org/filestore/HealthSafety/pdf/680-057.pdf>

- ☐ Is temperature being taken upon check-in or in advance of the event?

Check-in ☐ In Advance ☐

- ☐ Virus Precautions Safety Briefing for staff and participants at start of event?

Yes ☐ No ☐

- ☐ Name of Event Dedicated on Site Virus Safety Supervisor: _____

- ☐ Participants masks worn always in a patrol or group setting?

Yes ☐ No ☐

- ☐ Time gapped arrival and departure of Patrols/Dens from multiple units in a day only activity?

Yes ☐ No ☐

- ☐ Submit Incident Report for any COVID symptomatic person discovered during the event at <https://www.scouting.org/health-and-safety/incident-report/>

- ☐ Description of events COVID protocols attached.

Approvals

Council Events

Volunteer Event Chair

Staff Adviser

District Events

District Chair

District Commissioner

District Executive

This Checklist will the kept-on file by Staff Adviser