

OCBSA Scout-O-Rama Activity Safety Approval and Safety Award Application

District: _____ Pack Troop Crew Post Unit Number: _____

Unit Booth Coordinator Name: _____ Phone: _____

Mailing Address: _____

Address City Zip

Email: _____

DEADLINE TO TURN IN THIS FORM IS APRIL 22, 2019

Theme Of Entry: _____ **Booth Size (10x10 increments):** **X**

Description

Safety Measures

If Yes, please provide safety controls for each hazard or element and adult supervision plan detail below:

Does your Booth or Activity include:

1) Projectiles or thrown Objects?	No	Yes:
2) Climbing over 4 feet?	No	Yes:
3) Pushed or wheeled vehicles?	No	Yes:
4) Cooking, fire, coals, or stoves?	No	Yes:
5) Pugel sticks, padded swords, etc?	No	Yes:
6) Chemical or other reactive substances	No	Yes:
7) Use of knives or other sharps by visitors?	No	Yes:
8) Perishable food preparation?	No	Yes:
9) Other recognized hazards?	No	Yes:

Sketch of Booth or Activity plot (floor) plan REQUIRED, use space below:

Council Risk Management approval: _____ Date: _____