

**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 20, 2020. SEND COMPLETED FORM TO ROSLYNR@OCBSA.ORG**

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

Description

Safety Measures

Does your Booth or Activity include:	NO	YES	If Yes, please provide safety controls for each hazard or element and adult supervision plan detail below:
1) Projectiles or thrown Objects?	No	Yes:	
2) Climbing over 4 feet?	No	Yes:	
3) Pushed or wheeled vehicles?	No	Yes:	
4) Cooking 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 or attach photo of a diagram:**

Council Risk Management approval: \_\_\_\_\_ Date: \_\_\_\_\_