



## Special Event or Outdoor Venue ASSESSMENT

Date	Time of Observation	Observer Name and Agency

### EVENT DATA

Name of Event: Event sponsored by:	Street Address: Mailing Address: Phone:
Event planned by:	Mailing Address: Phone:
<b>Type of Event:</b> Community Day      Holiday event      Swap Meet      Concert      Farmers Market Cultural Festival      Street Fair      Other:	

Expected Attendance	
Primary age of attendee's under 18      Adult	Observations:
Per advertising - what was the focus audience of this event Youth      Teen      Family      Adult only	
Describe pre and on-site advertising for this event	

### VENDORS

		Notes
Yes	No	Are there adult only vendors How are they designated
Yes	No	Signs posted limiting sales to minors
Yes	No	Was there a method for checking identification
Yes	No	Drug Paraphernalia for sale Booth #
Yes	No	Did you observe anyone being refused service due to ID
Yes	No	Drugwear for sale
Yes	No	Drug Promoting/marketing merchandise (posters, belt buckles, necklaces, drugwear etc.)
under 18	Adult	Age of clientele buying this merchandise
Yes	No	Is there a Vendor Policy for this event (please attach)
Other:		

### DRUG USE

Yes	No	Did you observe drug use at this event
Yes	No	Did you observe people exchanging or sharing blunts, MJ, packages etc
Yes	No	Did staff or security respond to drug use How did staff or security respond to drug use:
Yes	No	Did you observe obviously intoxicated/impaired persons at this event
Other:		

### SURROUNDING AREA ASSESSMENT

Please check		Notes
Yes	No	Did you observe youth / adults loitering in the parking lot
Yes	No	Were there any adults drinking alcohol, smoking marijuana in parking area or on sidewalk
Yes	No	Was there security or staff patrolling the event or parking area? _____# of Security/Staff
Other:		

### MISCELLANEOUS

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Comments: