

**LBAC Scout-O-Rama Activity Safety Approval and Safety Award Application**

UNIT	<input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> V/E/Post	#	DISTRICT	
ADVISOR NAME				
EMAIL			TELEPHONE	/ /

THEME OF ENTRY	
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DESCRIBE ACTIVITY	
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SAFETY MEASURES PLANNED	
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	NO	YES*	WHAT / REMARKS
DOES YOUR BOOTH OR ACTIVITY INCLUDE:			
PROJECTILES OR THROWN OBJECTS			
CLIMBING OVER 4 FEET			
PUSHED OR WHEELED VEHICLES			
COOKING OR OTHER FIRE, COALS OR STOVES			
PUGEL STICKS, PADDED SWORDS OR OTHER			
CHEMICAL OR OTHER REACTIVE SUBSTANCES			
USE KNIVES OR OTHER SHARPS BY VISITORS			
PERISHABLE FOOD PREPARATION			
OTHER RECOGNIZED HAZARDS			IDENTIFY:

**\*A YES ANSWER REQUIRES SAFETY CONTROLS FOR EACH HAZARD OR ELEMENT OF RISK FOR THE BOOTH ADULT SUPERVISION PLAN SHOULD BE DETAILED. ALL APPLICATIONS REQUIRE A PLOT PLAN BELOW.**

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**BOOTH OR ACTIVITY PLOT PLAN (FLOOR PLAN) REQUIRED.**

Council Risk Management Approval		Date / /
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