



Department of Geography
Faculty of Arts and Social Sciences

Event Safety Plan (ESP)

1. Event Leader

PI's Name	Telephone	Email

2. General Information

Name of Event / Activity	
Date & Time	
Estimated Total Duration	
Location	
Number of Participants	

3. CONTACTS

Name	Title	Phone number	Email
	Event Leader		
	Research Leader		
Ms Wong Lai Wa	Department Contact	6516 6638	geowlw@nus.edu.sg
Police		999	
Ambulance		995	
Nearest Hospital			
Other (e.g, for interviewee assistance)			
Campus Security number		6874 1616	

4. Description/Objectives of Activity

5. Describe the travel/transportation plan

6. Potential risks associated with the activity

7. List special health considerations (e.g., hydration plan)

Event Safety Plan (ESP)

8. Recce Summary (if no Recce required, provide details)

9. Communication Plan

10. What steps will be followed in case of an emergency

11. Other, as deemed necessary

This document is prepared for:

This document was prepared by:

Signature and date:

I M P O R T A N T

After reading the Event Safety Plan and the Activity-Based Risk Assessment Form, you are required to confirm that you have received all safety risk information by filling in and signing the Risk Acknowledgement Form and Consent Form (when applicable) and email to **Event Leader's name** at **Event Leader's email**.