



PATOKA VALLEY AMATEUR RADIO CLUB, INC EVENT SAFETY PLAN

EVENT: _____

START DATE/TIME: _____

END DATE TIME: _____

The following Safety Officer(s) have been assigned for this event and one will be on site for the duration of the event. The Safety Officer(s) signing below acknowledge that reasonable efforts were made to identify and address safety hazards associated with this event.

Safety Officer(s) Assigned	Date/Time Assigned	Signatures	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is the responsibility of the Safety Officer(s) to inspect and monitor operations during this event and verify compliance with the following requirements:

- ☐ All event operations comply with the requirements set forth within the current Patoka Valley Amateur Radio Club, Inc. Safety Plan.
- ☐ When applicable, event operations involving the setup and operation of amateur radio equipment shall comply with relevant safety requirements contained in the current Patoka Valley Amateur Radio Club, Inc. Field Day Safety Plan.
- ☐ List any additional event-specific risks or hazards identified for this event and the measures taken to eliminate or mitigate them:

September 17, 2026