|  |  |
| --- | --- |
| **NEEDS ASSESSMENT CHECKLIST**Event Title: Date Time: Dept: Contact Phone # Event Objectives: *Checklists are timesaving tools to set the stage for achieving optimum results by getting:**a clear view of what’s needed and expected to produce a successful meeting, conference, event, etc., and to transform ideas into action.* |  |
|  |  |  |
|  |
|  | **STAFFING** | **COMMENT** | **R** | **Y** | **N** | **ROOM SETUP** | **COMMENTS** | **R** | **Y** | N |  |
| Registration Table |  |  |  |  | From: |  |  |  |  |
| VIP Guest Check In |  |  |  |  | To: |  |  |  |  |
| Media Services |  |  |  |  | Room: |  |  |  |  |
| Security |  |  |  |  | Set Time: |  |  |  |  |
| Engineer |  |  |  |  | Breakdown Time: |  |  |  |  |
| Building Services |  |  |  |  | Panel Table(s) |  |  |  |  |
| Staff Briefing |  |  |  |  | Registration Table (s) |  |  |  |  |
|  |  |  |  |  | Platform: |  |  |  |  |
| **INTERNAL CONTACTS** | **COMMENTS** | **R** | **Y** | **N** | Size: |  |  |  |  |
| Special Events |  |  |  |  |  |  |  |  |  |
| DART |  |  |  |  | **BUILDING SERVICES** | **COMMENTS** | **R** | **Y** | **N** |
| Public Affairs |  |  |  |  | Elevators |  |  |  |  |
| Risk and Compliance |  |  |  |  | Restrooms |  |  |  |  |
| Media Services |  |  |  |  | A/C |  |  |  |  |
|  |  |  |  |  | Electrical Outlets |  |  |  |  |
| **AUDIENCE** | **COMMENTS** | **R** | **Y** | **N** | Room Set-Ups |  |  |  |  |
| Internal |  |  |  |  | Coat Racks |  |  |  |  |
| External |  |  |  |  | Easels |  |  |  |  |
|  |  |  |  |  | Screens |  |  |  |  |
| **VENUE SELECTIONS** | **COMMENTS** | **R** | **Y** | **N** | Trash Cans |  |  |  |  |
| Internal - |  |  |  |  | Housekeeping |  |  |  |  |
| EMS – Granted Resv. |  |  |  |  |  |  |  |  |  |
| External |  |  |  |  | **PRINTING** | **COMMENTS** | **R** | **Y** | **N** |
| Contract |  |  |  |  | Signage |  |  |  |  |
| iBuy |  |  |  |  | Invitations |  |  |  |  |
|  |  |  |  |  | Hand Outs |  |  |  |  |
| **FINANCIAL MGMT** | **COMMENTS** | **R** | **Y** | **N** | Name Tags |  |  |  |  |
| Budget $ |  |  |  |  |  |  |  |  |  |
| Account # |  |  |  |  | **CATERER** | **COMMENTS** | **R** | **Y** | **N** |
|  |  |  |  |  | Proposal |  |  |  |  |
| **OUTSIDE VENDORS** | **COMMENTS** | **R** | **Y** | **N** | Rentals / In |  |  |  |  |
| Merchandise |  |  |  |  | Rentals / Out |  |  |  |  |
| Flowers |  |  |  |  | Staff |  |  |  |  |
| Lighting |  |  |  |  | Catering / set by |  |  |  |  |
| Wine / Spirits |  |  |  |  | Guarantee # Guest |  |  |  |  |
| Photographer |  |  |  |  | Guarantee Due Date: |  |  |  |  |
| Music |  |  |  |  |  |  |  |  |  |
| Balloons |  |  |  |  | **POST EVENT** | **COMMENTS** | **R** | **Y** | **N** |
| Transportation |  |  |  |  | Thank You Notes |  |  |  |  |
|  |  |  |  |  | Evaluation |  |  |  |  |

Coordinator Approval Dept. Approval

**R /** Person Responsible **Y** / Yes **N** / No