

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: | | | | |
| | | | | | Size: | | | | |
| INTERNAL CONTACTS | COMMENTS | R | Y | N | BUILDING SERVICES | COMMENTS | R | Y | N |
| Special Events | | | | | Elevators | | | | |
| DART | | | | | Restrooms | | | | |
| Public Affairs | | | | | A/C | | | | |
| Risk and Compliance | | | | | Electrical Outlets | | | | |
| Media Services | | | | | Room Set-Ups | | | | |
| AUDIENCE | COMMENTS | R | Y | N | Coat Racks | | | | |
| Internal | | | | | Easels | | | | |
| External | | | | | Screens | | | | |
| VENUE SELECTIONS | COMMENTS | R | Y | N | Trash Cans | | | | |
| Internal - | | | | | Housekeeping | | | | |
| EMS – Granted Resv. | | | | | PRINTING | COMMENTS | R | Y | N |
| External | | | | | Signage | | | | |
| Contract | | | | | Invitations | | | | |
| iBuy | | | | | Hand Outs | | | | |
| FINANCIAL MGMT | COMMENTS | R | Y | N | Name Tags | | | | |
| Budget \$ | | | | | CATERER | COMMENTS | R | Y | N |
| Account # | | | | | 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 | | | | | POST EVENT | COMMENTS | R | Y | N |
| Balloons | | | | | Thank You Notes | | | | |
| Transportation | | | | | Evaluation | | | | |

Coordinator Approval _____ Dept. Approval _____

R / Person Responsible Y / Yes N / No