

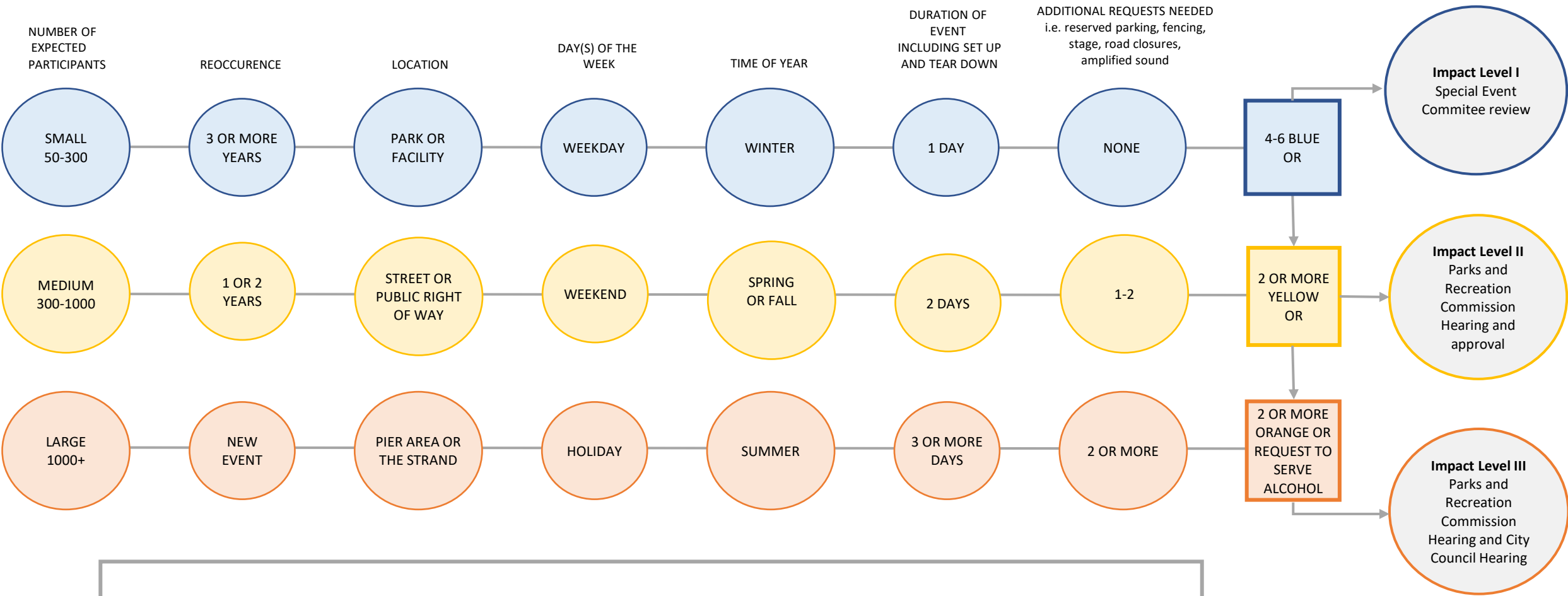
# SPECIAL EVENT - IMPACT CHARACTERISTIC WORKSHEET (REQUIRED FOR ALL EVENTS)

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Please consider the details of your event and use this worksheet to determine its impact level. Please circle **one** characteristic in each column as it relates to your event and complete the form to determine impact level as defined in the boxes.

Event Characteristics



Number of BLUE

Number of YELLOW

Number of ORANGE

Impact Level