


Event Setup Checklist Template

 Show only Checklist

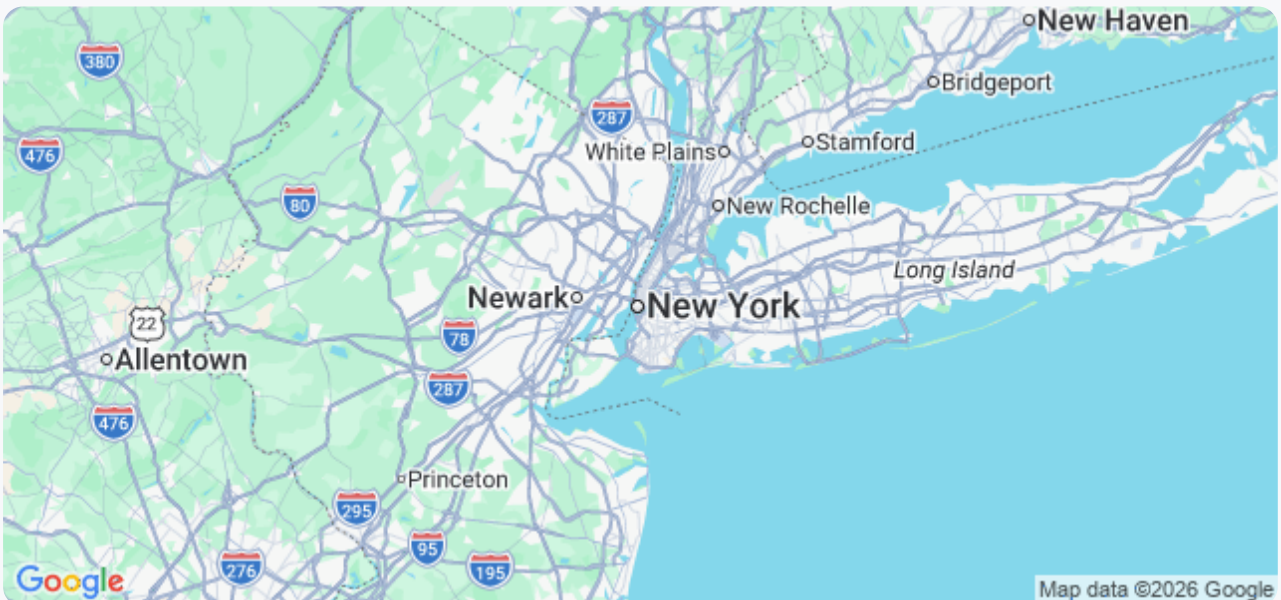
Display Style
Default 

Venue Assessment & Logistics

Initial walkthrough and logistical preparations for the event space.

Venue Address

 Set My Current Location



Setup Start Date

Enter date...



Scheduled Setup Start Time

Enter time...

Venue Contact Phone Number

Enter a number...

Notes on Venue Condition (Pre-Setup)

Write something...

Power Outlet Accessibility

- Excellent
- Good
- Fair
- Poor

Water Access

- Available
- Limited
- Unavailable

Table & Seating Arrangement

Configuration of tables, chairs, and other seating according to the event layout.

Number of Tables Required

Number of Chairs Per Table

Table Linens: Color

- White
- Black
- Navy
- Red
- Other

Table Shape

- Round
- Rectangle
- Square
- Oval

Special Seating Requests

- Wheelchair Accessible
- High Chairs
- Booster Seats
- Family Tables

Table Placement Notes (e.g., near power outlet)

[📍 Set My Current Location](#)

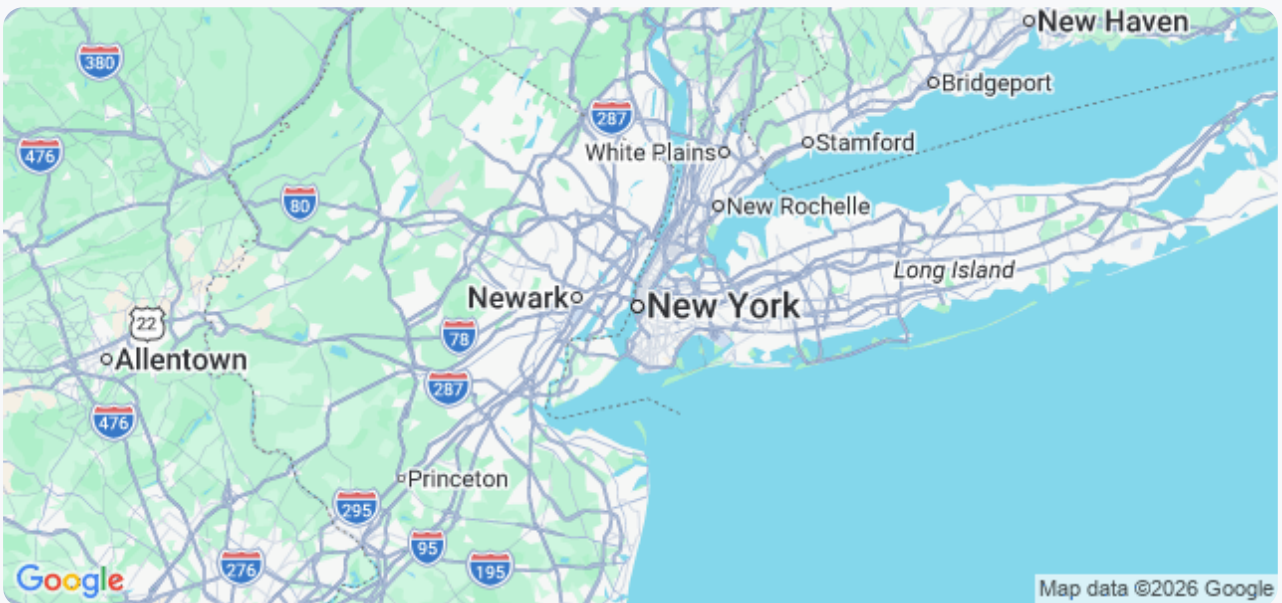


Table Numbering (if applicable)

Write something...

Audio-Visual Equipment

Setup and testing of microphones, speakers, projectors, screens, and other AV components.

Microphone Count

Microphone Type

- Wireless
- Wired
- Lavalier

Speaker Quantity

Speaker Placement

- Front of Room
- Rear of Room
- Distributed

Projector Test Time

Enter time...

Projector Notes (Resolution, Aspect Ratio)

Write something...

Screen Type

- Rear Projection
- Front Projection
- LED Wall

Monitor Count

Enter a number...

Lighting & Decor

Installation and placement of lighting, decorations, and event-specific décor.

String Lights Quantity

Enter a number...

Centerpiece Style

- Floral
- Candles
- Themed Props
- Minimalist

Centerpiece Image (Reference)

 Upload File

Lighting Color Scheme

- Warm White
- Cool White
- Color Changing
- RGB

Special Decor Notes

Write something...

Number of Table Runners

Drape Type

 Sheer Velvet Satin None

Catering & Bar Setup

Preparation and setup of food and beverage stations, including necessary equipment.

Quantity of Tablecloths

Number of Plates

Number of Cutlery Sets

Number of Glasses (water/wine/other)

Enter a number...

Beverage Service Type

- Self-Service
- Bartender
- Combination

Ice Availability

- Sufficient
- Limited
- Insufficient

Scheduled Food Arrival Time

Enter time...

Special Dietary Requirements Notes (allergies, vegan/vegetarian)

Write something...

Staging & Backstage Area

Organization and preparation of the stage area and backstage facilities.

Backstage Power Outlets Checked

Dressing Room Cleanliness

- Clean
- Acceptable
- Needs Attention

Backstage Security Personnel Assigned

Backstage Sound Check Date

Backstage Lighting Check Time

Enter time...

Backstage Equipment Present

- Microphones
- Speakers
- Lighting Fixtures
- Extension Cords
- Gaffer Tape

Backstage Notes/Issues

Write something...

Signage & Wayfinding

Placement of directional signs, banners, and other informational signage.

Directional Signs Present?

- Yes
- No

Welcome Sign Placement?

- Correct
- Needs Adjustment
- Not Present

Number of Directional Signs

Enter a number...

Specific Signage Notes (e.g., typos, missing information)

Write something...

Accessibility Signage Visible?

- Yes
- No
- N/A

Location of Emergency Exit Signs

 [Set My Current Location](#)

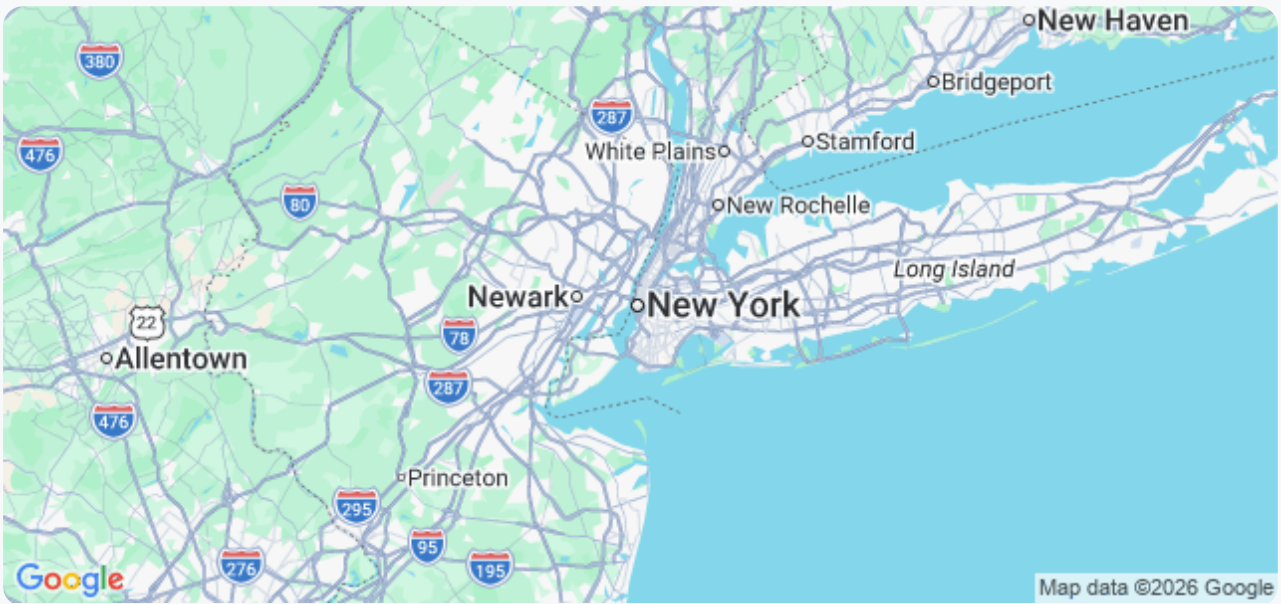


Photo of Signage

 [Upload File](#)

Safety & Accessibility

Verification of emergency exits, fire extinguishers, and accessibility accommodations.

Fire Extinguisher Inspection Count

Enter a number...

Emergency Exit Lighting Status

- Functional
- Malfunctioning
- Needs Attention

Accessibility Ramp Condition

- Excellent
- Good
- Needs Repair
- Blocked

Accessible Restroom Count

Enter a number...

Accessibility Notes/Concerns

Write something...

Last Fire Safety Inspection Date

Enter date...

Final Walkthrough & Contingency

Final inspection and preparation for potential issues or last-minute adjustments.

Overall Impression - Briefly Describe

Write something...

Temperature (Fahrenheit/Celsius)

Enter a number...

Music Volume - Appropriate?

- Yes
- No
- Needs Adjustment

Potential Issues Noted?

- Lighting
- Sound
- Décor
- Accessibility
- None

Date of Walkthrough

Enter date...

Time of Walkthrough

Enter time...

Contingency Plan Notes (If applicable)

Write something...

Inspector Signature