



BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES DIVISION, IBT (BMWED)

ACTION CHECKLIST

EVENT TITLE: _____

PURPOSE: _____

EVENT LOCATION: _____

EVENT DATE: _____

EVENT START TIME: _____

EVENT DURATION: _____

PERMIT REQUIRED? YES NO IF SO, FROM WHOM? _____

PARKING ARRANGEMENTS: _____

RESTROOMS: _____

ASSIGNMENTS

EVENT COORDINATOR: _____

POLICE LIAISON (BMWED): _____

POLICE CONTACT (AGENCY/OFFICER): _____

SAFETY MARSHALS: _____

MEDIA LIAISON: _____

PA SYSTEM MINDER: _____

EQUIPMENT MANAGER: _____

EQUIPMENT/MATERIAL (If you have an Action Equipment Set, refer to that checklist)

SIGNAGE AVAILABLE AND EASY TO READ FROM A DISTANCE (LARGE LETTERS!)?	_____	YES	NO
MEGAPHONES OR PA SYSTEM?	_____	YES	NO
INFLATABLE DISPLAY?	_____	YES	NO
POWER SUPPLY?	_____	YES	NO
WATER/REFRESHMENTS?	_____	YES	NO
FIRST-AID KIT & SAFETY GEAR?	_____	YES	NO





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PRESENTERS

NOTE – YOU SHOULD PLAN TO HAVE ONE PRESENTER (MEMBER, OFFICER, LOCAL LEADER, POLITICIAN, ETC.) FOR EVERY HALF HOUR OF YOUR EVENT. SCHEDULE YOUR PRESENTERS, IF POSSIBLE, TO GIVE THEM TIME TO ARRIVE AND PREPARE THEIR REMARKS AND TO COORDINATE THEIR REMARKS WITH OTHER ACTIVITIES (CHANTS, MUSIC, ETC.)

_____	_____
_____	_____
_____	_____

MEDIA

MEDIA ADVISORIES SENT OUT LOCALLY FOR EVENT? YES NO

DATE SENT: _____

CONFIRMED MEDIA CONTACTS

_____	_____
_____	_____
_____	_____

TALKING POINTS AVAILABLE FOR MEDIA CONTACT? YES NO

POTENTIAL INTERVIEWEES IDENTIFIED AND BRIEFED? YES NO

NOTE – MEDIA MAY PRIORITIZE INTERVIEWING A RANK-AND-FILE MEMBER ABOVE AN OFFICER. IDENTIFY AND BRIEF MEMBERS WILLING AND ABLE TO CONDUCT AN INTERVIEW.

ALLIED ORGANIZATIONS

WILL OTHER UNIONS OR ORGANIZATIONS JOIN THIS EVENT? YES NO

ORGANIZATION	POINT OF CONTACT
_____	_____
_____	_____
_____	_____
_____	_____





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EVENT MANAGEMENT

NOTE – THE EVENT COORDINATOR, RESPONSIBLE FOR THE LOGISTICS AND PLANNING FOR THIS EVENT, MAY OR MAY NOT ALSO BE THE “MASTER OF CEREMONIES” RESPONSIBLE FOR FACILITATING THE EVENT ITSELF (MAINTAINING ENERGY, INTRODUCING SPEAKERS OR GUESTS, GAUGING PARTICIPATION, ETC.) IF ANOTHER MEMBER HAS THIS ROLE, IDENTIFY THEM.

MASTER OF CEREMONIES _____

MUSIC PLAYLIST AVAILABLE AND TESTED ON P/A?	YES	NO
INTRODUCTORY NOTES MADE FOR EACH PRESENTER?	YES	NO
CHANT SHEETS MADE & CHANT LEADERS IDENTIFIED?	YES	NO

ASSESSMENT <https://forms.office.com/r/F3MAuY0UkR>

IDENTIFY MEMBERS, GUESTS, AND OTHERS WHOSE
FEEDBACK CAN SUPPORT OUR EVALUATION AND
REFINEMENT OF OUR TACTICS, TECHNIQUES &
PROCEDURES FOR CONDUCTING ACTIONS.

SIGN-IN SHEET MADE AND AVAILABLE YES NO

IF SO, WHO “OWNS” IT? _____



NOTES _____





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INTERNAL COORDINATION

NEARBY LOCAL LODGES

POINTS OF CONTACT

SYS. DIV./FEDERATION

GENERAL CHAIRPERSON

CONTACTED? YES NO

ATTENDING? YES NO

VICE CHAIRPERSON(S)

CONTACTED? YES NO

ATTENDING? YES NO

NATIONAL DIVISION

VICE PRESIDENT

CONTACTED? YES NO

ATTENDING? YES NO

COMMUNICATIONS DEPARTMENT

CONTACTED? YES NO

ATTENDING? YES NO

ORGANIZING DEPARTMENT

CONTACTED? YES NO

ATTENDING YES NO

COORDINATING MEASURES/NOTES

