

	<i>Responsible Office or Department:</i>	Campus Safety
	<i>Effective Date:</i>	6/8/2023
<b><i>Weapons Policy</i></b>		

**PURPOSE:**

Niagara University is committed to having a safe and secure campus.

**SCOPE:**

This policy applies to all people at any Niagara University location and at all University-sponsored events.

**TERMS and DEFINITIONS:**

1. Weapons: “Weapons” include but are not limited to any firearm or any major component thereof; air-gun, spring-gun, or other instrument or weapon in which the propelling force is a spring, air, piston, or CO<sub>2</sub> cartridge; electric stun gun; bow, crossbow, or arrows; knife; metal knuckles; sword; slingshot; “Kung Fu star”; explosive or incendiary devices and substances; poisonous or otherwise hazardous substances not lawfully possessed or stored; and any other dangerous or deadly instrument or weapon as defined by N.Y. Penal Art. 265.
2. Replica Weapons: Items and devices that are meant to resemble, simulate, or otherwise give the illusion of a weapon, dangerous instrument, or hazardous substance. Examples include, but are not limited to, “prop” weapons used in theatrical productions, reenactment weapons, and devices used in training exercises.

**MAIN PROVISIONS:**

No person may possess or use Weapons on any University property or locations, or at any University-sponsored event, without prior written authorization from Campus Safety. The only exception to this rule are active law enforcement personnel authorized by a federal, state, or local government agency to carry a firearm, as long as any such firearm is carried consistent with the rules or regulations of the sponsoring law enforcement agency.

Activities involving the use of Weapons or Replica Weapons involving participants who are not law enforcement personnel shall require the prior written authorization of Campus Safety.

This policy applies regardless of whether a person has been issued a firearm license or permit from a federal, state, or local government body.

## **PROCEDURES:**

University members may seek prior authorization from Campus Safety to conduct activities, exercises, and events involving the use of weapons or replica weapons using the *Weapons Authorization Request Form* (included as **Appendix A**). Any request for authorization must include:

1. A description of the event(s) in which weapons or replica weapons will be used.
2. The date(s) of the event(s). If the precise date/time is unknown at the time of the request, include the approximate date/time. The precise date/time must be given to Campus Safety before the event may be conducted.
3. The members of the University community who will be involved in the event(s); e.g., students from "X" class, faculty from "X" department.
4. A "safety plan" describing how the event(s) will be conducted safely and securely, including how the weapons or replica weapons will be possessed, used, and/or stored.
5. A contact person, including their contact information, that Campus Safety may consult with questions, concerns, or comments relating to the event.

Emergency reports of weapons on University property (or at an event) should be made to 911. Non-emergency reports of policy violations should be made to Campus Security or any immediately available staff if necessary. Reports will be documented and investigated by Campus Safety, who may refer the matter to local law enforcement where appropriate. Violators of this policy may face both criminal prosecution and disciplinary measures by the University.

## **POLICY HISTORY:**

- Originated: 6/8/2023
- Current Effective Date: 6/8/2023
- Next Review Date: **6/8/2026**
- Revision/Renewal Log:
  - None.

**Appendix A: Weapons Authorization Request Form**

*[Inserted on next page.]*

## Weapons Authorization Request Form

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

Position: (circle one)                      Faculty                      Staff                      Student

Department: (if applicable) \_\_\_\_\_

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

Date(s) of Event: \_\_\_\_\_

Description of Event:

Weapon(s) Involved in Event:

Who will possess, use, and/or store the weapon(s) involved?

Members of the University involved in the event: *(e.g., students from "X" class, faculty from "X" department)*

Safety Plan: *How will you ensure that the weapon(s) will be safely and securely handled, used, and/or stored when conducting the event?*

### Contact Person

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, you signify that the information included in this document is accurate and correct to the best of your knowledge.

**X** \_\_\_\_\_

Print Name: \_\_\_\_\_

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