

EMS Plan						
1. Event Name and Category (Street Fair or Parade, Concert or Performance, Athletic Event, Convention)						
2. Event Date(s) and Location(s):					3. Date Prepared	
4. Anticipated average daily Event attendance						
5a. Event Medical Aid Stations (see attached map for locations)						
Station location	# of MD's	# of RN's	# of EMT's	# of Defibrillators		
5.b Number of Mobile Teams		Location of Mobile Teams (see attached map for locations)				
5.c Dispatch						
Company name	Address			Phone		
5d. Transportation (see attached map for locations)						
Ambulance Provider Name	Address	Phone	# of BLS ambulances		# of ALS ambulances	
			Dedicated ¹	Courtesy ²	Dedicated	Courtesy
5e. Closest Hospitals						
Name	Address	Phone	Travel Time	Specialty Care ³		
6. Medical Emergency Procedures ⁴						
(CONTINUE ON REVERSE SIDE)						
7. Prepared by: _____ Contact information: _____ Signature: _____						

Name and contact information for person who will submit your Post Event Treatment report within 2 weeks after the event. _____

¹ Dedicated - Ambulance is at the event for event participants/observers only

² Courtesy - Ambulance is stationed at the event, but responds to nearby 9-1-1 system or other calls

³ Specialty Care - trauma center, pediatric critical care, burn - please list (see EMS Policy #5000 for details of each hospital)

⁴ Describe the roles of the First Aid/medical chief, security chief, foot teams, medical station personnel as appropriate for emergency medical incident. Please include brief crowd safety, disaster and communications plans in your description.