Thank you for assisting EMSA in monitoring injury and health-related problems that occur during San Francisco’s many special events and planned mass gatherings. For questions or assistance concerning the EMS Plan for Mass Gatherings Policy, please contact the San Francisco EMS Agency Prehospital Coordinator at 415-487-5032. You may submit this completed form to the San Francisco EMS Agency by any of the following methods: 1) copy the form to your computer and email as an attachment to aram.bronston@sfgov.org, 2) Fax to 415-487-5043, or 3) mail to MASS GATHERING REPORT at the address listed below. For questions about this form please call the San Francisco EMS Agency 415-487-5032.

### Name of Event

### Date and time of Event

### Name of person completing report

### Preferred contact number or email address

### Date EMS Plan submitted for review by EMS Agency

### List differences in medical aid resources between actual and planned Event

## SUMMARY OF MEDICAL TREATMENTS PROVIDED BY EVENT STAFF:

### Example of summary information

<table>
<thead>
<tr>
<th>Problem description</th>
<th>Number of persons treated for problem</th>
<th>Treatment provided</th>
<th>Outcome or recommended follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuts and bruises</td>
<td>4</td>
<td>Clean wound; bandage</td>
<td>See Primary MD</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>1</td>
<td>Assessed by EMT</td>
<td>Transported to X hospital</td>
</tr>
</tbody>
</table>

### Total number of persons treated by Event medical resources:

(If event lasted > 1 day, please give number treated each day)

### Problem description

### Number of persons treated for problem

### Treatment provided

### Outcome or recommended follow-up

(Use reverse side if necessary)

Actual attendance: ______________________

Planned medical resources were adequate:  □ Yes  □ No

If No, describe issues: __________________________________________________________

Estimated cost for medical resources:__________________________________________

Other comments: ______________________________________________________________

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