

SPECIAL EVENT INCIDENT ACTION PLAN

[illegible]

SPECIAL EVENT INCIDENT ACTION PLAN

Event Name:	Operation Period:	Date From:	Date To:
		Time From:	Time To:

Security/Emergency Personnel Contact List:

Position	Name	Contact	Notes

*Evacuation Map/Plan:

*Shelter in Place Locations:

Address	Name	Contact

**Only required for outdoor events in parks.*

SPECIAL EVENT INCIDENT ACTION PLAN

Event Name:	Operation Period:	Date From:	Date To:
		Time From:	Time To:

Weather Forecast:

Site Map:

Special Consideration:

☐ Fireworks

☐ Animals

☐ Event is near/on water

☐ Grill(s)

☐ Tent(s)

☐ Food Truck(s)

☐ Alcohol

☐ Bouncy House

☐ Onsite EMS

☐ First Aid Tent

☐ Barricades

☐ Kid Areas

☐ Motorized Vehicles☐ Amusement Equipment☐ Parade☐ Water Fire☐ Stage(s)☐ Music

SPECIAL EVENT INCIDENT ACTION PLAN

MEDICAL PLAN (ICS 206)

1. Special Event Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____				
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Transportation:						
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
5. Hospitals:						
Hospital Name	Address, Latitude & Longitude	Contact Number(s)/Frequency	Travel Time	Trauma Center	Burn Center	Helipad
			Ground			
Woman and Infants	593 Eddy Street	401-444-4000		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rhode Island Hospital	101 Dudley Street	401-274-1100		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roger Williams Hospital	825 Chalkstone Ave	401-456-2000		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miriam Hospital	164 Summit Ave	401-793-2500		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providence VA Hospital	830 Chalkstone Ave	401-273-7100		<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:						
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____						
8. Approved by (Safety Officer): Name: _____ Signature: _____						
ICS 206	IAP Page	Date/ Time: _____				

SPECIAL EVENT INCIDENT ACTION PLAN

SPECIAL EVENT RADIO COMMUNICATIONS (ICS 205)

1. Special Event Name:		2. Date/Time Prepared: Date: _____ Time: _____		3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
4. Basic Radio Channel Use:					
System/ Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
5. Special Instructions: 					
6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____					
ICS 205	IAP Page	Date/ Time: _____			