

SPECIAL-EVENT PLANNING CHECKLIST

Name of Event: _____

Name of Applicant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- For-Profit Organization
- Not-for-Profit Organization
ID Number: _____
- Insurance for event (Attach a copy to this document.)
- Bond for event (Attach a copy of conditions.)
- Financial Responsibility for Public Services (e.g., police, fire, health, etc.)

Date(s) of Event: _____

Type of Event

- Arena sporting event
- Competitive road-race
 - Foot
 - Bicycle
 - Motor vehicle
- Convention
- Festival
- Live performance
- Music
- Non-competitive on public way
- Political rally
- Sales
- Speaker
- Other: _____

Expected attendance _____

SPECIAL-EVENT PLANNING CHECKLIST (CONTINUED)

Number of similar events previously sponsored _____ (Attach summary documents.)

Marketing

- Local
- Regional
- Multiple states
- National
- Event Web site

Public Access

- Open event
- Spectators limited to first _____ arrivals
- Tickets will be required for all events
- Tickets will be required for certain venues

Name of Location Venue: _____

- Indoor
- Outdoor
- Considered an alcohol-free event
- Advertised as an alcohol-free event
- Alcoholic beverages will be sold or served at venue
- Alcoholic beverages will be sold outside of venue

Location venue capacity: _____

Seasonal weather concerns: _____

Food Service

- None
- Multiple vendors
- Single concessionaire
- Water provided

Health and Safety Inspection

- Issued permit(s)
- Fire inspection
- Waste disposal plan

SPECIAL-EVENT PLANNING CHECKLIST (CONTINUED)

Health and Sanitation Plan

- Number of toilet facilities _____
- Number of trash facilities _____
- Disposal plan (Attach a copy to this document.)

Medical Plan (Complete and attach ICS Form 206.)

- Sponsor responsibility
- Public provided
- Medical services and facilities notified
- First Aid or rehab stations on site

Transportation Plan

- None
- Public transportation
 - Special routes
 - Extra capacity
 - Contract transportation
 - Emergency routing
 - Peak period capacity time frame
- Private transportation

Street or highway access: _____

Vehicle capacity factor: _____

Peak traffic period factor: _____

Parking Plan

Number of lots: _____

Total available spaces _____

- Public parking spaces _____
- Private parking spaces _____ (Attach private parking agreements.)
- Parking attendants _____

SPECIAL-EVENT PLANNING CHECKLIST (CONTINUED)

Traffic Patterns

- Public Works signing
- Event will require traffic flow or street closures (If checked, attach complete list.)
- Temporary traffic code or parking restrictions (If checked, attach list.)
- Traffic direction and control restrictions (If checked, attach list.)
- Tow truck service (If checked, attach agreements.)
- Abandoned and/or illegally parked vehicle recovery (If checked, attach agreements.)

Incident Action Plan

Attach ICS Forms 201, 202, 203 and 205.

Risk/hazard analysis

- Criminal response
- Fire response
 - Structure
 - At site
 - Vehicle
- Hazardous materials
- CBRNE
- Electrical hazards
- Medical emergencies
 - Food-related illnesses
 - First aid
 - Heat/cold exposures
 - Trauma
 - Overdoses
- Structure collapse
- Crowd rush
- Mass casualty
- Mass fatality
- Lost or missing persons/children
- Unattended packages
- Crowd dispersal
- Offender identification
- Public notification process (ICS Form 205 required)
- Access control
- Evacuation routes
- Evacuee assembly areas
- Shelters

SPECIAL-EVENT PLANNING CHECKLIST (CONTINUED)

Event Logistics

- Support
- Facilities
- Food Unit
- Communications
- Ground Support
- Air Support
- Medical Unit

Demobilization Plan

- Traffic or pedestrian egress from site
- Secondary transportation plan
- Sanitation removal
- Venue cleanup
- Traffic pattern normalization
- Contractual evaluation
 - Organizer commitments
 - Other public or private contracts

Debriefing