

## Section A. Event Contact Information

1. CONTACT INFORMATION OF INDIVIDUAL COMPLETING THE FORM			
<b>Name</b>		<b>Phone</b>	
<b>Email Address</b>			

## Section B. Event Details

GENERAL			
<b>2. NAME OF EVENT</b>	<b>3. SETUP DATE(S) AND TIME(S):</b>	<b>4. TEAR-DOWN DATE(S) AND TIME(S):</b>	<b>5. EVENT DATE(S) AND TIME(S):</b>
	START:		
	END:		
<b>6. DOES THE EVENT TAKE PLACE OVER MULTIPLE DAYS?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7. IS THIS EVENT RECURRING?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. EVENT LOCATION(S) NAME/ADDRESS</b>			
<b>9. ARE THERE MULTIPLE EVENT SITES</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YES, IS YOUR EVENT VENUE (CHECK ALL THAT APPLY)</b>		<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR
<b>10. WHAT IS THE DAILY TOTAL ATTENDEE ESTIMATE?</b>		<b>11. WHAT IS THE PEAK ATTENDEE ESTIMATE?</b>	
<b>12. IS THE EVENT A TICKETED EVENT?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>13. WHAT TYPE OF ENTERTAINMENT IS INCLUDED AT THE EVENT? (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Rally		<input type="checkbox"/> Public Speaker(s)	
<input type="checkbox"/> Sporting Event		<input type="checkbox"/> Parade Floats	
<input type="checkbox"/> Concert/Live Music		<input type="checkbox"/> Other – please specify:	
<b>14. DOES THE EVENT INCLUDE ANY HIGH-PROFILE ENTERTAINMENT, SPEAKER(S), OR ATTENDEES?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YES, PLEASE SPECIFY</b>			

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<b>15. IS THERE A POSSIBILITY OF PROTESTS OR COUNTER-DEMONSTRATIONS AT YOUR EVENT?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>IF YES, PLEASE SPECIFY</b>			
<b>16. IS THIS A FIRST-TIME EVENT?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>IF NO, WHEN WAS THE LAST EVENT HELD?</b>			
<b>HAVE THERE BEEN ANY SAFETY OR MEDICAL ISSUES AT PREVIOUS EVENTS? (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Violence <input type="checkbox"/> Protests <input type="checkbox"/> Severe Weather <input type="checkbox"/> Other – <b>please specify:</b>			
<b>17. IS THE TARGET AUDIENCE ANY OF THE FOLLOWING WHO COULD HAVE ACCESS OR FUNCTIONAL NEEDS? (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Under the age of 16 <input type="checkbox"/> Over the age of 65 <input type="checkbox"/> Those with mobility devices <input type="checkbox"/> Those with hearing or visual impairment <input type="checkbox"/> Non-English speakers	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <td style="padding: 5px;"><b>PLEASE DESCRIBE HOW THE SELECTED NEEDS WILL BE ADDRESSED:</b></td> </tr> <tr style="height: 100px;"> <td style="width: 100%;"></td> </tr> </table>	<b>PLEASE DESCRIBE HOW THE SELECTED NEEDS WILL BE ADDRESSED:</b>	
<b>PLEASE DESCRIBE HOW THE SELECTED NEEDS WILL BE ADDRESSED:</b>			
<b>18. DOES THE EVENT INCLUDE ALCOHOL OR POTENTIAL USE OF CONTROLLED SUBSTANCES?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>IF YES, WHAT STEPS WILL BE TAKEN TO PREVENT UNDERAGE DRINKING AND/OR OVERCONSUMPTION? (CHECK ALL THAT APPLY)</b>			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Free Water / Water Bottle Filling Station  <input type="checkbox"/> TIPS-trained bar staff  <input type="checkbox"/> Limit number of drinks per person i.e. limited drink tickets  <input type="checkbox"/> Limiting number of drinks per I.D. at point of sale           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 21+ wristbands  <input type="checkbox"/> Law Enforcement  <input type="checkbox"/> Private Security  <input type="checkbox"/> Other – <b>please specify:</b> </td> </tr> </table>		<input type="checkbox"/> Free Water / Water Bottle Filling Station <input type="checkbox"/> TIPS-trained bar staff <input type="checkbox"/> Limit number of drinks per person i.e. limited drink tickets <input type="checkbox"/> Limiting number of drinks per I.D. at point of sale	<input type="checkbox"/> 21+ wristbands <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Security <input type="checkbox"/> Other – <b>please specify:</b>
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# EMERGENCY ACTION PLAN

<b>19. WILL THE EVENT TAKE PLACE ON A HOLIDAY OR WHILE ANOTHER MAJOR EVENT IS OCCURRING?</b> (E.G. MAJOR SPORTING EVENT, CHRISTMAS, HANUKKAH, FOURTH OF JULY, ETC.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YES, WHICH EVENT(S)?</b>	
<b>EVENT LOGISTICS</b>	
<b>20. DOES THE EVENT INCLUDE ANY TEMPORARY EVENT INFRASTRUCTURE?</b>	
<input type="checkbox"/> Stage	<input type="checkbox"/> Carnival Rides
<input type="checkbox"/> Tent	<input type="checkbox"/> Inflatables
<input type="checkbox"/> Kitchen/Food Trucks/Cooking Elements	<input type="checkbox"/> Water Feature
<input type="checkbox"/> Signage (Hanging Signage, Entrance Towers, Folding Signage)	<input type="checkbox"/> Installations
<input type="checkbox"/> No Temporary Infrastructure Being Used	
<b>21. DOES THE EVENT INCLUDE ANY PYROTECHNICS, FIREWORKS, OR OTHER FLAMMABLE ITEMS?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>22. HOW WILL FIXED STREET CLOSURES OR ROLLING STREET CLOSURES BE MANAGED?</b> (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Manual on Uniform Traffic Control Devices (MUTC) traffic barricades	<input type="checkbox"/> Law Enforcement Placement
<input type="checkbox"/> Mobile mitigation (meridian barriers/ Portable bollards etc.)	<input type="checkbox"/> Other vehicles used to block access (trash truck, etc.)
<input type="checkbox"/> Fixed Barriers (Jersey, permanent bollards)	<input type="checkbox"/> Event Does Not Include Street Closures
<input type="checkbox"/> Other – <b>please describe:</b>	
<b>23. HOW WILL THE PERIMETER OF THE EVENT BE SECURED?</b> (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Unsecured Perimeter	<input type="checkbox"/> Entrance Screenings (IE Bag Checks, Magnetometers, wands)
<input type="checkbox"/> Fencing or barricades If yes, provide type/height:_____	<input type="checkbox"/> Other – <b>please list:</b>
<input type="checkbox"/> Law enforcement or private security - monitoring perimeter	
<b>24. IF USING PERIMETER FENCING OR BARRICADES, HOW MANY BREAKS ARE BEING ALLOTING FOR EMERGENCY EXITS?</b>	<b>Number:</b>

## Section C. Event Command and Communication

25. POINTS OF CONTACT DURING EVENT				
POSITION	PRIMARY CONTACT INFO		ALTERNATE POINT OF CONTACT INFO	
EVENT ORGANIZER	NAME		NAME	
	PHONE		PHONE	
ULTIMATE DECISION MAKER	NAME		NAME	
	PHONE		PHONE	
EVENT HOST / SPONSOR	NAME		NAME	
	PHONE		PHONE	
DAY OF COORDINATOR	NAME		NAME	
	PHONE		PHONE	
PUBLIC INFORMATION / EXTERNAL COMMUNICATIONS	NAME		NAME	
	PHONE		PHONE	
CROWD MANAGEMENT	NAME		NAME	
	PHONE		PHONE	
TRAFFIC/PARKING	NAME		NAME	
	PHONE		PHONE	
PRIVATE SECURITY	NAME		NAME	
	PHONE		PHONE	
LAW ENFORCEMENT (ONSITE CONTACT)	NAME		NAME	
	PHONE		PHONE	
PRIMARY MEDICAL CONTACT	NAME		NAME	
	PHONE		PHONE	
FOOD / BEVERAGE	NAME		NAME	
	PHONE		PHONE	
WEATHER MONITOR	NAME		NAME	
	PHONE		PHONE	
OTHER:	NAME		NAME	
	PHONE		PHONE	
OTHER:	NAME		NAME	
	PHONE		PHONE	
OTHER:	NAME		NAME	
	PHONE		PHONE	
OTHER:	NAME		NAME	
	PHONE		PHONE	
OTHER:	NAME		NAME	
	PHONE		PHONE	

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<b>26. WILL THE EVENT HAVE A COMMAND CENTER OR CENTRAL OPERATIONS POST?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>LOCATION</b>										
<b>27. IS THERE AN ALTERNATE LOCATION FOR THIS TEAM TO MEET IN AN EMERGENCY?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>IF YES, SPECIFY ALTERNATE LOCATION</b>										
<b>28. HOW MANY STAFF OR VOLUNTEERS HAVE BEEN ASSIGNED TO EACH OF THE FOLLOWING EVENT ROLES?</b>										
<b>ROLE NAME – ENTER TOTAL NUMBER</b>	<b>ROLE NAME – ENTER TOTAL NUMBER</b>									
Event Security -	Other -									
Evacuation Support -	Other -									
Shelter Support -	Other -									
Volunteer Coordinator -	Other -									
Communications -	Other -									
<b>29. HOW WILL COMMUNICATION OCCUR WITH PARTICIPANTS/ATTENDEES PRIOR TO THE EVENT? (CHECK ALL THAT APPLY)</b>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Email Blast</td> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Text Messages or Alerts</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Website Updates</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Press Releases</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Variable Message Signs</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other – <b>please list:</b></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Social Media – <b>please list:</b></td> <td></td> </tr> </table>			<input type="checkbox"/> Email Blast	<input type="checkbox"/> Text Messages or Alerts	<input type="checkbox"/> Website Updates	<input type="checkbox"/> Press Releases	<input type="checkbox"/> Variable Message Signs	<input type="checkbox"/> Other – <b>please list:</b>	<input type="checkbox"/> Social Media – <b>please list:</b>	
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<input type="checkbox"/> Website Updates	<input type="checkbox"/> Press Releases									
<input type="checkbox"/> Variable Message Signs	<input type="checkbox"/> Other – <b>please list:</b>									
<input type="checkbox"/> Social Media – <b>please list:</b>										
<b>30. HOW WILL COMMUNICATION OCCUR WITH STAFF, VOLUNTEERS, AND VENDORS DURING THE EVENT? (CHECK ALL THAT APPLY)</b>										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Cell phone call</td> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Messaging on screens</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Announcement (via event sound system)</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Walkie-talkie or Hand-held Radios</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Event Staff dispersed through the crowd and talking to vendors and volunteers</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other – <b>please list:</b></td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Text messages or Messaging apps(s) - <b>please specify:</b></td> <td></td> </tr> </table>			<input type="checkbox"/> Cell phone call	<input type="checkbox"/> Messaging on screens	<input type="checkbox"/> Announcement (via event sound system)	<input type="checkbox"/> Walkie-talkie or Hand-held Radios	<input type="checkbox"/> Event Staff dispersed through the crowd and talking to vendors and volunteers	<input type="checkbox"/> Other – <b>please list:</b>	<input type="checkbox"/> Text messages or Messaging apps(s) - <b>please specify:</b>	
<input type="checkbox"/> Cell phone call	<input type="checkbox"/> Messaging on screens									
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<input type="checkbox"/> Event Staff dispersed through the crowd and talking to vendors and volunteers	<input type="checkbox"/> Other – <b>please list:</b>									
<input type="checkbox"/> Text messages or Messaging apps(s) - <b>please specify:</b>										

**31. HOW WILL COMMUNICATION WITH PARTICIPANTS/ATTENDEES OCCUR DURING THE EVENT? CHECK ALL THAT APPLY)**

<input type="checkbox"/> Text Messages or alerts <input type="checkbox"/> Website Updates <input type="checkbox"/> Announcements (via event sound system) <input type="checkbox"/> Social media live updates – <b>please specify platforms:</b>	<input type="checkbox"/> Messaging on screens at event <input type="checkbox"/> Other – <b>please list:</b>
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## Section D. Weather

**32. HOW WILL THE WEATHER BE MONITORED BEFORE AND DURING THE EVENT?**

<input type="checkbox"/> National Weather Service website ( <a href="https://www.weather.gov/bou/">https://www.weather.gov/bou/</a> )		
<input type="checkbox"/> Other weather website(s)	<b>Please specify:</b>	
<input type="checkbox"/> Phone app	<b>Please specify:</b>	
<input type="checkbox"/> Other	<b>Please specify:</b>	

**33. WHAT WEATHER CONDITIONS WOULD CAUSE A DELAY OR CANCELLATION OF THE EVENT? CHECK ALL THAT APPLY)**

<input type="checkbox"/> Sustained high winds <input type="checkbox"/> High Wind gusts <input type="checkbox"/> Tornado Warning <input type="checkbox"/> Tornado Watch <input type="checkbox"/> Predictions of heavy rain <input type="checkbox"/> Active heavy rain <input type="checkbox"/> Predictions of hail <input type="checkbox"/> Active hail <input type="checkbox"/> Predictions of heavy snow <input type="checkbox"/> Active snow	<input type="checkbox"/> Icy roadways <input type="checkbox"/> Prediction of thunder and lightning <input type="checkbox"/> Active lightning <input type="checkbox"/> Extremely hot temperatures <input type="checkbox"/> Extremely cold temperatures <input type="checkbox"/> Flooding/Mud <input type="checkbox"/> Other - <b>please specify:</b>
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# EMERGENCY ACTION PLAN

## 34. IF SEVERE WEATHER OCCURS DURING THE EVENT, WHERE WILL PEOPLE BE DIRECTED TO SEEK SHELTER? (CHECK ALL THAT APPLY)

- |                                                                                                                                          |                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Personal vehicles                                                                                               | <input type="checkbox"/> Event vehicles                                                                                                                |
| <input type="checkbox"/> Building within event footprint —<br><b>please specify:</b>                                                     | <input type="checkbox"/> Businesses/buildings adjacent to event<br>site — <b>specify businesses that have<br/>agreed to provide emergency shelter:</b> |
| <input type="checkbox"/> Other structures near the event<br>site (e.g. parking garages, etc.) —<br><b>please specify exact location:</b> | <input type="checkbox"/> Other — <b>please specify:</b>                                                                                                |

## 35. IN CASE OF HIGH WINDS, HOW WILL EVENT ELEMENTS BE SECURED TO PREVENT THEM FROM BECOMING AIRBORNE OR HAZARDOUS? (CHECK ALL THAT APPLY)

- |                                                                                          |                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Tents weighted (per guidance)                                   | <input type="checkbox"/> Small items placed in bins or other storage                    |
| <input type="checkbox"/> Tents staked to the ground                                      | <input type="checkbox"/> Inflatables deflated                                           |
| <input type="checkbox"/> Chairs and tables broken down                                   | <input type="checkbox"/> Open flames extinguished                                       |
| <input type="checkbox"/> Lowering stage scrim                                            | <input type="checkbox"/> Heating and electrical elements unplugged<br>and/or turned off |
| <input type="checkbox"/> Lowering stage roofs                                            | <input type="checkbox"/> Other — <b>please specify:</b>                                 |
| <input type="checkbox"/> Wind safe banners (slits in<br>banner for wind to pass through) |                                                                                         |
| <input type="checkbox"/> Securing umbrellas                                              |                                                                                         |

## 36. IN CASE OF EXTREME HEAT, WHICH OF THE FOLLOWING WILL BE IMPLEMENTED? (CHECK ALL THAT APPLY)

- |                                                                                  |                                                                       |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Water refill stations on site                           | <input type="checkbox"/> Extra medical personnel on site              |
| <input type="checkbox"/> Free bottled water                                      | <input type="checkbox"/> Adjusting event timeline                     |
| <input type="checkbox"/> Cooling tent                                            | <input type="checkbox"/> Pre-event messaging specific to extreme heat |
| <input type="checkbox"/> Staged vehicles for cooling                             | <input type="checkbox"/> Other — <b>please specify:</b>               |
| <input type="checkbox"/> Signage with symptoms of<br>heat exhaustion/heat stroke |                                                                       |

## 37. IN CASE OF EXTREME COLD, WHICH OF THE FOLLOWING WILL BE IMPLEMENTED? (CHECK ALL THAT APPLY)

- |                                                       |                                                                       |
|-------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Warming tent(s)              | <input type="checkbox"/> Extra medical personnel on site              |
| <input type="checkbox"/> Staged vehicles for warming  | <input type="checkbox"/> Adjusting event timeline                     |
| <input type="checkbox"/> Free hot beverages available | <input type="checkbox"/> Pre-event messaging specific to extreme cold |
| <input type="checkbox"/> Hand warmers available       | <input type="checkbox"/> Signage warning of low temperatures          |
| <input type="checkbox"/> Mylar blankets available     | <input type="checkbox"/> Other — <b>please specify:</b>               |

## Section E. Health and Medical

<b>38. WILL THE EVENT HAVE A CONTRACTED MEDICAL PROVIDER?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF YES, CONTRACTED MEDICAL PROVIDER CONTACT INFORMATION</b>			
<b>Organization</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>39. ON SITE MEDICAL PERSONNEL AND ASSETS INVENTORY</b>			
<b>PERSONNEL TYPE</b>	<b>TOTAL NUMBER</b>	<b>ASSET TYPE</b>	<b>TOTAL NUMBER</b>
CPR/First Aid/AED Trained		AED Devices	
BLS Providers		Medical Aid Stations	
ALS Providers		Cooling Station	
Physicians		Warming Station	
Mobile Medical Team: Bike		Hydration Station	
Mobile Medical Team: ATV/Motorcycles		Other — <b>please specify:</b>	
Mobile Medical Team: On Foot			
<b>40. ARE THE MEDICAL PROVIDERS ABLE TO PROVIDE TRANSPORT?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF YES, INDICATE NUMBER OF STANDBY AMBULANCES AND/OR TRANSPORT PLAN</b>			
<b>41. NEAREST HOSPITAL (NAME/ADDRESS)</b>			
<b>42. ARE RADIOS BEING USED BY MEDICAL PROVIDERS?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF YES, PROVIDE CHANNEL, FREQUENCY, OR RADIO PLAN</b>			

## Section F. Safety and Security

43. WILL THERE BE LAW ENFORCEMENT ON SITE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHO IS THE SCHEDULING OR LEAD OFFICER?			
Agency/Name/Title		Phone	
Email Address			
NUMBER OF LAW ENFORCEMENT PERSONNEL PER SHIFT			
44. WILL THERE BE PRIVATE SECURITY ON SITE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, COMPANY			
NUMBER OF PRIVATE SECURITY PERSONNEL PER SHIFT			
45. HOW WILL SECURITY PERSONNEL BE IDENTIFIED?	<input type="checkbox"/> UNIFORMS <input type="checkbox"/> BADGES <input type="checkbox"/> OTHER		
IF OTHER, PLEASE SPECIFY			
46. FOR EVERY 250 PEOPLE ATTENDING AN EVENT, THERE MUST BE AT LEAST 1 TRAINED CROWD MANAGER. PLEASE LIST HOW MANY TRAINED AND UNTRAINED CROWD MANAGERS WILL BE ON SITE.		TRAINED:	
		UNTRAINED:	
47. HOW WERE STAFF AND VOLUNTEERS TRAINED IN SAFETY PROTOCOLS?			
<input type="checkbox"/> IN-PERSON TRAINING <input type="checkbox"/> ONLINE TRAINING <input type="checkbox"/> OTHER			
IF OTHER, PLEASE SPECIFY			
48. IF AN INDIVIDUAL IS SEPARATED FROM THEIR PARENT, GUARDIAN, OR CAREGIVER AT YOUR EVENT, HOW THEY BE REUNITED WITH THE CORRECT GUARDIAN? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Brief staff and volunteers on missing individual protocols <input type="checkbox"/> Have a staff person available to stay with individual		<input type="checkbox"/> Alert local authorities <input type="checkbox"/> Have a designated reunification area – <b>please specify where:</b>	

## Attachments:

### Comprehensive Site Map

#### **Inclusive of all:**

- Entry/Exits
- Command Center location
- Street closures
- Emergency Vehicle Access points
- Port-a-Potties
- AED Locations
- Others as applicable, see EAP Development Guide

#### **Additional Plans as applicable:**

- Site Evacuation Plans
- Transport Plan
- Communications Plan