

# AFRD Emergency Medical Services Plan

911 is an appropriate plan for MOST Class E events (1,999 persons or <); All Class D and above (2k persons or >) are required to have an emergency services plan. **Atlanta Fire-Rescue must approve your plan and may reduce or require additional services. Please contact AFRD Sp. Events for more information: 404.546.7042, Fax 404.546.8358**

Name of Assembly: \_\_\_\_\_

Event Type (Race, Walk, March, Rally, Other-please list)\_\_\_\_\_

Date(s):\_\_\_\_\_ Start Time:\_\_\_\_\_ End Time:\_\_\_\_\_

Starting Address of Assembly/Location: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact:\_\_\_\_\_ Telephone:\_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Estimated Participating #\_\_\_\_\_ Estimated Viewing #:\_\_\_\_\_ Route Length(s)\_\_\_\_\_

Will Alcohol Be Served? YES\_\_\_\_NO\_\_\_\_ Times:\_\_\_\_\_ to \_\_\_\_\_

**On Site Contact Person** (Name, Cell Number) During the Festival/Event:

Name:\_\_\_\_\_ Phone:\_\_\_\_\_

**EMS Provider Info:**

Name:\_\_\_\_\_ Phone:\_\_\_\_\_

I understand my EMS Provider must have on **identifiable uniforms**: YES\_\_\_\_NO\_\_\_\_

**INSERT APPLICABLE NUMBERS (NO X'S OR CHECK MARKS)**

**EMS Vendor/AFRD Monitor must be provided event radio. Show First Aid, Water, Restrooms, EMS Locations on site plan and route map.**

\_\_\_\_ AMBULANCE SERVICE (# of ALS Units)

\_\_\_\_\_  
Please Print-Medical Director of Provider

\_\_\_\_\_  
Signature/Date-Medical Director

\*Required for ALS Units and shall be gotten from EMS Provider prior to submission.

\_\_\_\_ Medical Director  
\_\_\_\_ Registered Nurse  
\_\_\_\_ Licensed Practical Nurse  
\_\_\_\_ Emergency Medical Technician  
\_\_\_\_ Paramedic  
\_\_\_\_ Physicians Asst.

\_\_\_\_ First Aid Stations  
\_\_\_\_ Bike Team(s)  
\_\_\_\_ Foot Patrol(s)  
\_\_\_\_ Sag Wagon(s)  
\_\_\_\_ Firefighter/Medic  
(If Using 911)

\*\*Other (Please list)

Must match Water and Restroom Plan Numbers

\_\_\_\_ Portable Restrooms

\_\_\_\_ Portable ADA Restrooms

\_\_\_\_ Public Water Sources

\_\_\_\_ Fixed Restrooms

\_\_\_\_ Fixed ADA Restrooms

APPROVED

DISAPPROVED

\_\_\_\_\_  
Please Print- **EMS Chief of AFRD,  
Special Event Coordinator or Designee**

\_\_\_\_\_  
Signature/Date- **EMS Chief of AFRD  
Special Event Coordinator or Designee**