

Emergency Action Plan

Event Name: _____

Event Date: _____

Event Site: _____

Event Address: _____

Onsite Contact: _____ Onsite Cell #: _____

Event Start Time: _____ Event End Time: _____

Anticipated Attendance: _____ Peak Times (estimate): _____

Event Description:

Provide a brief summary of the event and the types of activities that will be included.

Event Details

Has your event been advertised as Rain or Shine? Y / N

Will York Region Paramedic Services or a First Aid Provider be on site? Y / N

If so, which provider? _____

Emergency Gathering Point

In case of an emergency, the following **ONSITE** gathering point has been communicated in advance to the necessary parties:

Onsite gathering point: _____

In case the event site has to be evacuated, the following **OFF-SITE** gathering point has been communicated in advance to the necessary parties:

Offsite gathering point: _____

Calling off the event

The decision to call off or end the event will be made by _____ ;
a member of the Event Committee.

In situations causing or anticipated to cause risk/harm to the public, the Town of Richmond Hill and/or York Regional Police and/or Richmond Hill Fire and Emergency Services retains the authority to call off or end any event.

Communication at event

Please indicate how the members of your team will communicate emergencies at the event.

Please indicate how your team will communicate to the public at the event.

In the event of an emergency, please use judgement and call 9-1-1 as appropriate. Please maintain a complete copy of this document on site at the event.

Potential Emergency Situations & Responses

(The following has been drafted as a preliminary outline of realistic situations and scenarios that could/might occur at a community festival or event. Event organizers are responsible for revising this section and adding scenarios and responses in order to generate an Emergency Action Plan tailored to their event.)

Situation	Planned Response
Severe/ Inclement Weather	Before event begins:
	During event:
Personal Injury	Before event begins:
	During event:
Lost Person /Child	During event:
Lost Goods	During event:
Security Threat	During event:
Other	

This document is provided as a template.

The document should be revised to suit the unique details and conditions of each individual event. Don't wait for an emergency to occur, remember to practice your plan. In the event of an emergency, please use judgement and call 9-1-1 as appropriate. A copy of this EAP should be maintained at the event site.

Last Updated: