



Special Event Evaluation Request

Date: _____

Event Name: _____

Event Date: _____

Date: _____

Event Name: _____

Event Date: _____

Location: _____

Event time: _____

Set up time: _____

Site/Course Map Attached? Yes No

If Yes Please indicate on map: First Aid Areas, AED's, and water stops etc.

Contact Name: _____

Address: _____

Phone(s): _____

The Columbus Division of Fire will determine the scope and need for Special Duty coverage for events held within the boundaries of the City of Columbus. Columbus City Ordinance Chapter #924.

Type of Event: _____

Anticipated number of Participants: _____

Is there a (EAP) Emergency Action Plan in place for this event? Yes No

If not, do you need help in development of one? Yes No

If this is a reoccurring event, have you had EMS Coverage in previous years? Yes No

Who? _____

Forms of Communications during the event: _____



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Do you have a means of monitoring real-time weather conditions? Yes No

Is your event using Pyrotechnics? Yes No

Is your event using tents 10 x10 or larger? Yes No

Is your event using EMS equipment on site? Yes No

Will there be (AED) Automatic Electronic Defibrillation units available? Yes No

Additional Information: _____

Please complete and return to:

Attn: Lt. Smith
Division of Fire-Special Events Office
3639 Parsons Ave.
Columbus, OH 43207

or email to:

SSmith@columbus.gov