



## 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: \_\_\_\_\_



## Special Event Evaluation Request

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