
SPECIAL EVENT PLANNING CHECKLIST

Name of Event: _____

Name of Applicant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- For Profit Organization
- Not for Profit Organization ID Number: _____
- Insurance for event (attach a copy to this document)
- Bond for event (attach a copy of conditions)
- Financial Responsibility for Public Services (eg: police, fire, health, etc.)

Date(s) of Event: _____

Type of Event

- Arena sporting event
- Competitive road-race
 - Foot
 - Bicycle
 - Motor vehicle
- Convention
- Festival
- Live performance
- Music
- Non-competitive on public way
- Political rally
- Sales
- Speaker
- Other: _____

Expected attendance _____

SPECIAL EVENT PLANNING CHECKLIST

Number of similar events previously sponsored _____ (attach summary documents)

Marketing

- Local
- Regional
- Multiple states
- National
- Event website

Public Access

- Open event
- Spectators limited to first _____ arrivals
- Tickets will be required for all events
- Tickets will be required for certain venues

Name of Location Venue: _____

- Indoor
- Outdoor
- Considered an alcohol-free event
- Advertised an alcohol-free event
- Alcoholic beverages will be sold or served at venue
- Alcoholic beverages will be sold outside of venue

Location venue capacity: _____

Seasonal weather concerns: _____

Food Service

- None
- Multiple vendors
- Single concessionaire
- Water provided

Health and Safety Inspection

- Issued permit(s)
- Fire inspection
- Waste disposal plan

SPECIAL EVENT PLANNING CHECKLIST

Health and Sanitation Plan

- Number of toilet facilities _____
- Number of trash facilities _____
- Disposal plan (attach a copy to this document)

Medical Plan (Complete and attach ICS Form 206)

- Sponsor responsibility
- Public provided
- Medical services and facilities notified
- First Aid or rehab stations on site

Transportation Plan

- None
- Public Transportation
 - Special routes
 - Extra capacity
 - Contract transportation
 - Emergency routing
 - Peak period capacity time frame
- Private Transportation

Street or highway access: _____

Vehicle capacity factor: _____

Peak traffic period factor: _____

Parking Plan

Number of lots: _____

Total available spaces _____

- Public parking spaces _____
- Private parking spaces _____ (attach private parking agreements)
- Parking attendants _____

SPECIAL EVENT PLANNING CHECKLIST

Traffic Patterns

- Public Works signing
- Event will require traffic flow or street closures (if checked, attach complete list)
- Temporary traffic code or parking restrictions (if checked, attach list)
- Traffic direction and control restrictions (if checked, attach list)
- Tow truck service (if checked, attach agreements)
- Abandoned and/or illegally parked vehicle recovery (if checked, attach agreements)

Incident Action Plan

Attach ICS Forms 201, 202, 203 and 205

Risk / hazard analysis

- Criminal response
- Fire response
 - Structure
 - At site
 - Vehicle
- Hazardous materials
- CBRNE
- Electrical hazards
- Medical emergencies
 - Food-related illnesses
 - First Aid
 - Heat / cold exposures
 - Trauma
 - Overdoses
- Structure collapse

-
-
- Crowd rush
 - Mass casualty
 - Mass fatality
 - Lost or missing persons / children
 - Unattended packages
 - Crowd disbursement
 - Offender identification
 - Public notification process (ICS Form 205 required)
 - Access control
 - Evacuation routes
 - Evacuee assembly areas
 - Shelters

SPECIAL EVENT PLANNING CHECKLIST

Event Logistics

- Support
- Facilities
- Food Unit
- Communications
- Ground Support
- Air Support
- Medical Unit

Demobilization Plan

- Traffic or pedestrian egress from site
- Secondary transportation plan
- Sanitation removal
- Venue clean-up
- Traffic pattern normalization
- Contractual evaluation
 - Organizer commitments
 - Other public or private contracts
- Debriefing