

TEMPORARY MASS GATHERING APPLICATION

Event Name _____

Type of Event _____ Has Event Occurred Before? Yes No

Location of Event _____
(Address) (City)

Beginning Date & Time of Event _____ am pm
(Date) (Beginning Hour)

Ending Date & Time of Event _____ am pm
(Date) (Ending Hour)

Expected No. Of Participants _____ Max Participants During 2 Hour Peak _____

Event Coordinator _____

Phone/ Fax Number _____ Email (required) _____

Coordinator's Address _____
(Address) (City) (State) (Zip)

Property Owner _____

Owner's Phone Number _____ Fax Number _____

Owner's Address _____
(Address) (City) (State) (Zip)

Applicant's Signature _____ Date _____

<i>Office Use Only</i>	<u>Permit Fee</u>
Previously Permitted Event With No Issues	\$100
New Event or Event With Previous Issues	\$150
Late fee (submitted less than 30 days before event)	\$ Double Fee
Fees for Events exceeding 3 Days shall be determined through consultation with Health Dept. Staff.	\$ _____

<i>Office Use Only</i>
Reviewed By _____
Review Date _____
Permit Number _____
Map Received _____

TEMPORARY MASS GATHERING PLAN CHECK LIST

Please provide the following.
Include as many addendums as necessary.

- | | |
|--|--|
| <input type="checkbox"/> Site plan showing parking areas | <input type="checkbox"/> Food Stand Locations (Map) |
| <input type="checkbox"/> Entrance & Exits (<i>Map</i>) | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Interior Roads/walks (<i>Map</i>) | <input type="checkbox"/> Number_____ |
| <input type="checkbox"/> Headquarters (<i>Map</i>) | <input type="checkbox"/> Distance from Restrooms_____ |
| <input type="checkbox"/> Lighting (<i>Map</i>) | <input type="checkbox"/> Alcohol (Y/N)_____ |
|
 | |
| <input type="checkbox"/> Restrooms/ Handwashing provided | <input type="checkbox"/> Solid Waste Containers |
| <input type="checkbox"/> Locations (<i>Map</i>) | <input type="checkbox"/> Locations (<i>Map</i>) |
| <input type="checkbox"/> Permanent restrooms (number including ADA)_____ | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Portable standard/ ADA_____ | <input type="checkbox"/> Number_____ |
| <input type="checkbox"/> Number permanent handwash sinks_____ | <input type="checkbox"/> Solid Waste Hauling Company |
| <input type="checkbox"/> Number portable handwash sinks_____ | _____ |
| <input type="checkbox"/> Provider Name/company_____ | <input type="checkbox"/> Phone #_____ |
| <input type="checkbox"/> Phone Number_____ | <input type="checkbox"/> Pick up schedule/ when will site be cleaned_____ |
| <input type="checkbox"/> Pumping Schedule_____ | |
| <input type="checkbox"/> Liquid Waste Hauler Company | <input type="checkbox"/> Emergency Medical Services |
| _____ | <input type="checkbox"/> Location (<i>Map</i>) and number_____ |
| <input type="checkbox"/> Phone Number_____ | <input type="checkbox"/> Certification of Personnel_____ |
| | (Two State Licensed EMTs, Paramedics, Nurses, PAs or MDs) |
| <input type="checkbox"/> Water Stations (Free of charge) | <input type="checkbox"/> Contingency Plan for dangerous conditions (attach) |
| <input type="checkbox"/> Locations (<i>Map</i>) | <input type="checkbox"/> First Aid Kit provided (Y/N)_____ |
| <input type="checkbox"/> Type/ Source_____ | |
| <input type="checkbox"/> Number_____ | <input type="checkbox"/> Other Activities |
| | <input type="checkbox"/> Temporary water feature or event (attach description) |
|
 | |
| <input type="checkbox"/> Public Safety approval (signature)_____ | |
|
 | |
| <input type="checkbox"/> Municipality approval (signature)_____ | |

What does my first aid station need to have?

At least two state-licensed or certified medical providers, such as an emergency medical technician, paramedic, nurse, physician's assistant or medical doctor shall be present to staff each first aid station. A gathering having more than 2,500 attendees shall have at least two additional emergency medical providers for each additional 5,000 attendees or fraction thereof. The health officer or local licensed emergency medical services agency director(s) may require additional emergency medical services personnel as deemed necessary because of the nature of the event, time of year, risk of injuries or other public health and safety needs.

First aid stations shall contain the following minimum equipment and maintain the minimum levels over the duration of the gathering:

- (a) 1 Bag mask ventilation unit with adult, child, and infant mask sizes
- (b) 3 Oropharyngeal airways, adult, child, and infant sizes
- (c) 1 Pocket mask
- (d) 1 portable oxygen apparatus (tank, regulator, case)
- (e) 1 Oxygen extension tubing
- (f) 2 adult and 1 child nasal cannula
- (g) 2 adult and 1 child non-rebreather mask
- (h) 1 adult and 1 child blood pressure cuff
- (i) 1 stethoscope
- (j) 2 pillows
- (k) 2 emesis basins
- (l) 4 blankets
- (m) 4 sheets
- (n) 12 towels
- (o) six 5x9 or 8x10 trauma dressings
- (p) thirty 4x4 gauze dressings
- (q) 12 kerlix or other roller bandage
- (r) 3 roles of adhesive tape
- (s) 3 cervical collars, 1 regular, 1 no-neck, one pediatric
- (t) 1 back board with straps
- (u) 6 non-traction extremity splints (e.g., cardboard, ladder, SAM splints, air splints)
- (v) 10 triangular bandages
- (w) 2 pair of shears
- (x) 1 obstetrical kit
- (y) 2 pen lights
- (z) 100 assorted bandaids
- (aa) 1 traction splint
- (bb) 2 tubes of oral glucose
- (cc) 1 box of exam gloves
- (dd) 4 biohazard bags
- (ee) 1 portable suction device
- (ff) 1 basic life support jump kit for every 2 gathering medical providers
- (gg) 1 automatic external defibrillator
- (hh) 1 examination table, cot or bed.

