**EMERGENCY PLAN OUTLINE**

**EVEN T N AME**

**D ate**: Day, Date

**Time**: Reception: time pm Dinner: time pm Dance: time p m

**Location**: Name of Location

Address of Location, City

Website address

**Cost**: $XX/ per son

**Dress**: Black Tie, Business, Business Casual, Casual

**Audience**: Insert audience, (eg: Queen’s Alumni residing in Ottawa)

 Expected attendance approximately XX guests

|  |  |
| --- | --- |
| N am e an d Role: | Con tact info (e-m ail & cell) |
|  Name, degreeEvent Owner (on -site emergency con tact) | Phone:Cell:E-m ail: |
| CO MMITTEE: |  |
| Name, degree Committee Role | Phone:Cell:E-m ail: |
| PRO CESSIO N (VIPs attending): |  |
| Name, degree Procession Role | Phone:Cell:E-m ail: |
| SPEAKERS: |  |
| Name, degree  | Phone:Cell:E-m ail: |
| SUPPLIERS: |  |
| Name, degree VenueOn -site con tact: | Phone:Cell:E-m ail:Website: |
| Name, degree Supplier Role (Ban d s, Entertainment, Piper, AV, DJ, Flowers, Photographer , etc.) | Phone:Cell:E-m ail: |
| VO LUN TEERS: |  |
| Name, degree Volunteer Role  | Phone:Cell:E-m ail: |

|  |  |
| --- | --- |
| OTHER: |  |
| Taxi | Phone: |
| Emergency Con tact orVenue Security | 911 |

**Emergency Information:**

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|  | EVENT LOCATION: |  |
| Location of fire extinguishers: |  |
| Location of defibrillator: |  |
| Location of emergency medical kits at facility: |  |
| Location of fire exit: |  |
|  |  |
|  | COMMUNITY: |  |
| Nearest Hospital: |  |
| Estimated response time for ambulance: |  |
| Nearest drug store: |  |
|  |  |

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| --- | --- |
| Emergency kit box contains: |  |
|  Incident reports |  |
|  First aid kit |  |
|  Copy of written emergency policies & procedures(review with volunteers) |  |
|  List of registrants with contact info |  |
| Briefing of: |  |
|  Security |  |
|  First Aid |  |
|  Staff & Volunteers |  |
| Pre-event site walk: check for any possible hazards such as: slipperyfloors, loose electrical cords, insecure décor pieces, alternate entry points, back of house etc. |  |