I**NCIDENT ACTION PLAN**

**EVENT DATE: \_\_\_\_\_\_\_\_\_\_**

* **Event Name:**
* **Event Location:**
* **Communication Plan:**
  + Emergency: 911
  + Mental Health Crisis Line:
  + City Police Non-Emergency:
* **Medical Plan:** First Aid Kit and AED located on site at \_\_\_\_\_\_\_\_\_\_\_. We also will have staff onsite that are CPR certified. Additionally, there will be staff and volunteers stationed throughout the entire event use area.
  + Closest Hospital:

**Day-of Contact List**

|  |  |  |
| --- | --- | --- |
| Event Lead |  |  |
| Client Lead |  |  |
| Venue Lead |  |  |