

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 _____

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Office Use Only

Permit Fee

Plan Review, Permit & Inspection 1000-1999 (attending) \$290.00

Plan Review, Permit & Inspection 2000 – Above (attending) \$400.00

Double Fee (less than 30 days prior to event) \$580.00 or \$800.00

Over 3 Day Event Plan/Inspection - Fee TBD

Payment Date: _____ Rec'd By: _____

Cash Check # _____ Credit Card _____

Office Use Only

Reviewed By _____

Review Date _____

Permit Number _____

Map Received _____

TEMPORARY MASS GATHERING PLAN CHECK LIST

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

- Q **Site plan showing parking areas**
- Q Entrance & Exits (*Map*)
- Q Interior Roads/walks (*Map*)
- Q Headquarters (*Map*)
- Q Lighting (*Map*)
- Q **Restrooms/ Handwashing provided**
- Q Locations (*Map*)
- Q Permanent restrooms (number including ADA)_____
- Q Portable standard/ ADA_____
- Q Number permanent handwash sinks_____
- Q Number portable handwash sinks_____
- Q Provider Name/company_____
- Q Phone Number_____
- Q Pumping Schedule_____
- Q Liquid Waste Hauler Company

- Q Phone Number_____
- Q **Water Stations (Free of charge)**
- Q Locations (*Map*)
- Q Type/ Source_____
- Q Number_____
- Q **Food Stand Locations (Map)**
- Q Type_____
- Q Number_____
- Q Distance from Restrooms_____
- Q Alcohol (Y/N)_____
- Q **Solid Waste Containers**
- Q Locations (*Map*)
- Q Type_____
- Q Number_____
- Q Solid Waste Hauling Company

- Q Phone #_____
- Q Pick up schedule/ when will site be cleaned_____
- Q **Emergency Medical Services**
- Q Location (*Map*) and number_____
- Q Certification of Personnel_____ (Two State Licensed EMTs, Paramedics, Nurses, PAs or MDs)
- Q Contingency Plan for dangerous conditions (attach)
- Q First Aid Kit provided (Y/N)_____
- Q **Other Activities**
- Q Temporary water feature or event (attach description)
- Q Public Safety approval (signature)_____
- Q 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 band aids
- (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.

