

## REQUEST FOR EVENT FIRST AID

Organization			
Address			
	City		
	Province	Postal code	
	Phone	Fax	
Key Contact Person			
	Phone	Mobile	
	Email		

Event Details			
Name of Event			
Name of Venue			
Venue Address	City	Postal Code	
	Province		
Emergency Entrance	Map Ref		
Event Website	http://		

Event Times							
Date	First Aid Teams Required			Public In Attendance (doors open)			
	Start	Finish		Start	Finish		
	Start	Finish		Start	Finish		
	Start	Finish		Start	Finish		
	Start	Finish		Start	Finish		
	Start	Finish		Start	Finish		
	Start	Finish		Start	Finish		

Onsite contacts on event day		
Name		
Position		
Mobile Phone		

First Aid Requirements and Facilities	
First aid teams are required to be	<input type="checkbox"/> at static locations <input type="checkbox"/> mobile (on foot) <input type="checkbox"/> mobile (other vehicle)
The following facilities are available	<input type="checkbox"/> first aid room <input type="checkbox"/> power (240V) <input type="checkbox"/> potable water <input type="checkbox"/> Ice (for treatment) <input type="checkbox"/> marquee <input type="checkbox"/> space for first aid vehicle parking <input type="checkbox"/> Staff Parking
<input type="checkbox"/> meals and refreshments are available at event	<input type="checkbox"/> meals are provided free to our volunteers

Event Assessment				
Venue type	<input type="checkbox"/> indoor	<input type="checkbox"/> stadium	<input type="checkbox"/> confined location	<input type="checkbox"/> outdoor
	<input type="checkbox"/> festival	<input type="checkbox"/> closed streets	<input type="checkbox"/> widespread	<input type="checkbox"/> public roads
	<input type="checkbox"/> temp. structure	<input type="checkbox"/> tents/camping	<input type="checkbox"/> other	
Hazards	<input type="checkbox"/> alcohol onsite	<input type="checkbox"/> Recreational substance	<input type="checkbox"/> motorsports	<input type="checkbox"/> carnival <input type="checkbox"/> animals
Guests	(number)	<input type="checkbox"/> seated	<input type="checkbox"/> standing	<input type="checkbox"/> both
Queuing	<input type="checkbox"/> none	<input type="checkbox"/> < than 1 hour	<input type="checkbox"/> < than 2 hours	<input type="checkbox"/> > than 2 hours
Profile	<input type="checkbox"/> full mix	<input type="checkbox"/> family groups	<input type="checkbox"/> young adults	<input type="checkbox"/> teenagers
	<input type="checkbox"/> adults	<input type="checkbox"/> elderly	<input type="checkbox"/> demonstrators	<input type="checkbox"/> rival factions

Medical and Other Information			
Other Services	<input type="checkbox"/> Doctor <input type="checkbox"/> Ambulance	<input type="checkbox"/> Other medical provider	
Nearest Hospital		<input type="checkbox"/> < than 30mins by road	<input type="checkbox"/> > than 30mins by road
Past Events	number of people treated		ambulance transports
Event Plans	<input type="checkbox"/> site maps are available ( <input type="checkbox"/> attached) <input type="checkbox"/> event plans are available ( <input type="checkbox"/> attached)		
	<input type="checkbox"/> a formal risk assessment has been conducted	<input type="checkbox"/> is available to STAT Solution Services	

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Please **SUBMIT THIS FORM** directly to [FIRSTAID@statsolutionservices.com](mailto:FIRSTAID@statsolutionservices.com) or click **SUBMIT FORM**