

Fire Prevention Bureau  
3639 Parsons Avenue  
Columbus, Ohio 43207  
Telephone: 614-645-7641  
Fax: 614-645.6637  
Submit to above address or  
email to: CFDEvents@columbus.gov

# Columbus Division of Fire



## EVENT SAFETY FORM

Please type or print clearly

**I will not be using the supplied Safety Plan Form and have submitted a separate Safety Plan addressing the safety items listed below.**

Nature of Event \_\_\_\_\_

Name and/or description of event \_\_\_\_\_

Location of event/address \_\_\_\_\_

Estimated PEAK Attendance \_\_\_\_\_ Estimated TOTAL Event Attendance \_\_\_\_\_

Will there be ALCOHOL served or sold? YES NO Will there be Propane (LPG) at your event? YES NO

Will there be music, band/DJ and/or audio-visual special effects? YES NO Will key safety personnel have radios? YES NO

Do you have a plan to STOP music/activities and make Public Safety Announcements? YES NO

Is event gated/fenced or is **event** exit restricted in any way? YES NO Will **EXITS** be clearly marked & visible? **YES NO**

Is event going to be held entirely within a Tent(s)/Membrane structure(s) or Building? YES NO

Is event entry restricted in any way? Tickets General Admission Fee Open to the Public Private

Have you indicated your evacuation/**shelter in place** routes on your Event Site Plan? YES NO

Will your event have EMS (Emergency Medical Services)? YES NO Columbus Fire EMS? YES NO

### Safety Information \_\_\_\_\_

An Event Safety Manager (**ESM**) must be named for any permitted outdoor event. This person (s) **will be responsible for monitoring weather/ reacting to event emergencies and maintaining event occupancy load.** The **ESM** is responsible for stopping/evacuating the event if necessary for ANY reason.

**The Event Safety Manager (or a qualified designee) shall be responsible for monitoring local weather** reports, forecasts and conditions and shall implement **if needed** weather related event mitigation activities to include suspension, cancellation and or evacuation of the event. **Examples:** high winds, lightning, torrential rain or temperature/humidity extremes etc.

Event Safety Manager: Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Entire event: YES NO

Safety Manager schedule if needed for multi day events that will change or rotate ESM's

Date/Times _____	ESM: Name _____	Cell# _____
Date/Times _____	ESM: Name _____	Cell# _____
Date/Times _____	ESM: Name _____	Cell# _____
Date/Times _____	ESM: Name _____	Cell# _____

An Event that has a planned **Peak Attendance of more than 1000** attendees and staff must have crowd manager positions and duties at a minimum of **1 per every 250 persons.** Number of assigned Crowd Manager Positions at Peak Occupancy of event: \_\_\_\_\_

Briefly describe/detail means of communication for event staff to summon help/call 911 if needed and evacuation procedures if necessary at your event:

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