

EVENT NAME:

EVENT DATE:



## EMERGENCY SERVICES PLANNING FORM



### Emergency Services Planning Form Requirements:

1. Applicants are responsible for hiring Tampa Fire EMS Officers and Fire Marshals for events to provide emergency medical service and for hiring Fire Marshal's and getting permits from that office for various items as well (e.g., hiring Fire Marshal's for a fire watch of an enclosed area with temporary alcohol sales, getting assembly and tent permits, etc.)
2. Applicants may not "replace" Fire Marshal's with hired or volunteer First Aid services, but may hire such services for positions that do NOT require sworn Fire Marshal's and EMS officers. For more information, the Fire Marshal's Office phone number is (813) 274-7000 OR you can get additional information about permits at the following web page:  
[http://www.tampagov.net/dept\\_fire\\_rescue/information\\_resources/fee\\_schedule/inspection\\_fee.asp](http://www.tampagov.net/dept_fire_rescue/information_resources/fee_schedule/inspection_fee.asp)
3. The review process requires that a City of Tampa Fire Marshal review your special event plan to make a final determination as to the number of Fire Marshal's and EMS officers and vehicles or equipment (e.g., transport vans) you will be required to have to make sure your event is conducted safely.
4. An Emergency Services Personnel Matrix (suggesting the number of officers required for events) is attached to this document. The City retains the right to adjust the number of officers required depending on the nature of the event.
5. If your event involves fencing, temporary alcohol sales, tents over 10' x 10' in size, you will also need to also attach a copy of both the map and the written description you created for the "Parking and Traffic Control Concept Plan" that describes what special arrangements, if any, have been made for parking and traffic control for the proposed event. (See Items 12 & 13.)

### EVENT INFORMATION

1. Event Name:

2. Event Date:

3. Street Closure Date(s)/Time(s):

4. Event Hours of Operation Date(s)/Time(s):

5. Anticipated Attendance:

6. Event Classification(s) (Procession, Block Party, Road Festival, etc.):

7. Name of Organization Requesting the street closure(s):

8. Primary Contact Person's Name:

9. Primary Contact's Daytime Phone Number (include area code):

10. Primary Contact's Cell Phone Number (include area code):

11. Primary Contact's Email Address:

12. Please attach your written description of your CONCEPT Traffic Control Parking Plan and Label it ITEM TCP-#9

13. Please attach your map that demonstrates your CONCEPT Traffic Control Parking Plan and Label it ITEM TCP-#10.

**Exhibit II**

**EMERGENCY SERVICES PERSONNEL MATRIX:**

Attendees and Participants (combined)	Emergency Services Personnel
200--1,000	2--3
1,001--2,500	3--5
2,501--5,000	5--8
5,001--7,500	8--11
7,501--10,000	11--13
10,001--15,000	13--15
15,001--25,000	15--18
25,001--35,000	18--21
35,001--50,000	21--24
50,001--65,000	24--27
65,001--80,000	27--31
80,001--95,000	31--36
95,001 and over	37 plus 2 for each additional 1000