



<b>EMS Office Use Only</b> Date Report submitted to Regional EMS Council: _____  Date Sent to DOH: _____
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## Post-Event Reporting Form

### Purpose:

Section 1013.8 of the Regulations adopted pursuant to the EMS Act requires that a person or organization that files a special event plan shall complete a special event report form. The information contained on this form will be utilized by the regional EMS council which has responsibility for the area in which the event was held to evaluate the EMS activities to determine whether the number of EMS resources that were required for the total attendance were present and the appropriate care was provided. This form must be completed within 30 days following the event and submitted to the regional EMS council.

Report Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Night): \_\_\_\_\_

Event Name: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

### Event Attendance:

<25,000 \_\_\_\_\_ 25,000-55,000 \_\_\_\_\_ >55,000 \_\_\_\_\_

Was the staffing sufficient for the event attendance? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please describe why staffing was not sufficient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Event Type (Please Circle One):

*Academic Athletic Business Concert Entertainment Parade Protest Other*

### Level of EMS Provided and Prehospital Service Information:

1. Indicate the level of EMS provided (Please circle One): **ALS**   **BLS**   **QRS**

2. A. Prehospital Service Information. Please check the appropriate boxes and provide the information:

☐ *Advanced Life Support (ALS) Ambulance on-site. Please list Affiliate Numbers:*

#1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_

☐ *Basic Life Support (BLS) Ambulance on-site. Please list Affiliate Numbers:*

#1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_

☐ *Bicycle EMS Units*

☐ *Quick Response Vehicles (ATV, Snowmobile, Golf Carts, Boats, Air Units)*

☐ *On-site Physician*   # On-site \* \_\_\_\_\_

☐ *PHRN*   # On-site \* \_\_\_\_\_

☐ *EMT-Paramedic*   # On-site \* \_\_\_\_\_

☐ *EMT Basic*   # On-site \* \_\_\_\_\_

☐ *First Responder*   # On-site \* \_\_\_\_\_

\* Number utilized during peak event hours.

B. Hospital utilized for Medical Command: \_\_\_\_\_

C. Weather conditions for event: \_\_\_\_\_

**Describe any Variances from the Event Plan that affected EMS Operations (Response, Staging, Staffing):**

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**Describe any unusual occurrences that caused EMS system problems:**

1. Communications: \_\_\_\_\_

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2. Treatment Issues: \_\_\_\_\_

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3. Transportation: \_\_\_\_\_

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4. Patient Influx: \_\_\_\_\_

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5. Other: \_\_\_\_\_

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**Briefly describe patient contacts:**

1. Total number of patients seen by EMS staff: \_\_\_\_\_

2. Total number of patients by **Category:**

*Spectators* \_\_\_\_\_

*Participants* \_\_\_\_\_

*Event Staff* \_\_\_\_\_

*Volunteers* \_\_\_\_\_

*Other* \_\_\_\_\_

3. Total number of patients by **Arrival Mode:**

*Ambulatory* \_\_\_\_\_

*EMS* \_\_\_\_\_

*Event Staff* \_\_\_\_\_

*Wheel Chair* \_\_\_\_\_

*Police* \_\_\_\_\_

*Scene Resp* \_\_\_\_\_

*Other* \_\_\_\_\_

4. Total number of patients by **Discharge Mode:**

*Self* \_\_\_\_\_

*Hospital* \_\_\_\_\_

*Police* \_\_\_\_\_

*Family* \_\_\_\_\_

*Event Staff* \_\_\_\_\_

5. Total number of patients by **Final Outcome:**

*Treat/No Transport* \_\_\_\_\_

*Treatment/Transport* \_\_\_\_\_

*Refusal* \_\_\_\_\_

*Cancellation* \_\_\_\_\_

*Other (explain below)* \_\_\_\_\_

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6. Patient category:

A. Illness:

*Mild* \_\_\_\_\_

*Moderate* \_\_\_\_\_

*Severe* \_\_\_\_\_

\_\_\_\_\_

[illegible]

**(Please use additional sheets if necessary to complete this form)**