



## EHS MFR Special Event Information Collection Form

Please complete one form for each event.

### General Event Details

Contact name	
MFR Agency	
Telephone	
Cell	
Fax	
Email	

Hosting organization	
Name of event	
Location of event	
Type of event	
Date(s) and times of event	

### Specific Event Details

Will the MFR agency receive remuneration for covering this event?	
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Anticipated number of participants	
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Average age of participants	
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Will alcohol be served? At what times?	
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Is this an outdoor or indoor event?	
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<b>Are there any geographical concerns (e.g. participants near/on water, hills, high traffic area)?</b>	
<b>Will there be facilities for MFRs to work from (i.e. tent, building, etc.)?</b>	
<b>Explain in detail any hazards that may arise from this event.</b>	
<b>Will there be street closures that will affect ambulance response? Provide details.</b>	
<b>Are there any communication concerns (i.e. poor cell service, paging problems, TMR issues etc.)?</b>	
<b>Does the surrounding area have a location that could be accessed for a LifeFlight landing zone?</b>	
<b>Have any dignitaries confirmed their attendance at the event? Please provide name and title.</b>	

Submitted by:

Name	MFR Tag #	Telephone	Date (DD / MM / YY)

\*\*Please submit this form and any attachments (i.e. maps or other relevant information) to EHS MFR Services by fax (902-832-8602) or email (mfrservices@emci.ca).