

Eclipse Event Planning Guide

General Event Information

Name of Event	
Date of Event	
Event Location	

Event Planning Contacts

Event Coordinator	Name: Contact Number:
Event Emergency Coordinator	Name: Contact Number:
IEEMA Liaison	Name: Contact Number:

Event Staff

Name	Primary Responsibilities

Eclipse Event Planning Guide

Emergency Action Plan Reviewed by	Name:	Date:
Emergency Action Plan Approved by	Name:	Date:

Event Information

Name of Event	
Date(s) of Event	
Venue	Name:
	Address:
Activities associated with event	
Expected number of attendees/participants	_____ Daily _____ Per Performance
Potential issues impacting attendees/participants	<input type="checkbox"/> Unusual Weather <input type="checkbox"/> Full facility capacity <input type="checkbox"/> Attendees with restricted mobility <input type="checkbox"/> Protest or acts of civil disobedience <input type="checkbox"/> High-profile guest(s) <input type="checkbox"/> Other (Indicate):

Critical Contacts

Event Coordinator	Name:		
	Contact Number: (Day)	Cell 24/7	Office
Event Emergency Coordinator	Name:		
	Contact Number: (Day)	Cell 24/7	Office
IEMA Liaison	Name:		
	Contact Number: (Day)	Cell 24/7	Office

Resources

Event Staff per day or performance	
Municipal Resources Required	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Other (Indicate) _____
Supporting Information	

Event Internal/External Communication

Contact	Name	Channel	Telephone
Emergency Services Dispatch			
IEMA Liaison			
Event Emergency Coordinator			
Event Coordinator			
Law Enforcement/Security			

Site Map:

Pre-Event Facility Safety Inspection

Item	Corrective Action
Radio and cell communication checked throughout facility	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____
	Assigned To: _____