



ALBUQUERQUE SPECIAL EVENTS Medical Requirements

Event Information			
Event Name			
Location			
Expected # of people at any given time			
Total amount of people expected			
Medical Vendor Name			
Special Event Coordinator Name			
Coordinator Phone		Coordinator Email	
Event Start Date		Event Start Time	
Event End Date		Event End Time	

Forms to be filled out and returned (See examples provided)

ICS 206	Medical Plan (Filed out by VENDOR) You will be ultimately responsible to send this to AFD
ICS 205T	Special Events Cell Phone Communications Plan
ICS 201-A	Special Event Site Map (Either Draw or attach map of event)
ICS 201-A	Special Event Evacuation Plan (Please using a second Site map indicate Evacuation Routes or Shelter in place locations.)

Event organizers may choose to contract with a health service provider (VENDOR), who may not be associated with the usual local service providers. Check to ensure that the service provider is appropriately licensed and regulated. The VENDOR must fill out the ICS 206 Medical Plan form and coordinate with you the special events coordinator. This will allow for local health and emergency services to plan a response to any emergency or significant medical problems requiring further assistance during the special event.

VENDORS

The following companies provide medical standby at events. This list reflects the companies that we currently know about. You are not limited to these companies, as long as they are a current licensed medical standby company. Call for quotes.

Company Name	Contact Number	Transport Capable
Albuquerque Ambulance	505-449-5700	Yes
Albuquerque Fire Department	505-768-9317	Yes
American Medical Response	505-344-0095	Yes
University of New Mexico HSC-Medicine Bow	505-321-5920	No
Motion Pictures Set Medics	505-362-1939	No
Superior Ambulance	505-247-8840	Yes

**PLEASE RETURN THE ABOVE MENTIONED DOCUMENTS AS WELL AS THIS FORM TO ajmartinez@cabq.gov Attention: SP EVENTS

INSTRUCTIONS

Please complete the following attached documents and return to ajmartinez@cabq.gov for approval.
The

YELLOW highlighted areas need to be filled in. Please refer to the "SAMPLE" for clarifications.

1. ICS 206
 - Medical Plan (Filed out by VENDOR) You will be ultimately responsible to send this to AFD
2. ICS 205T
 - Special Events Cell Phone Communications Plan
3. ICS 201-A
 - Special Event Site Map (Either Draw or attach map of event)
4. ICS 201-A
 - Special Event Evacuation Plan (Please using a second Site map indicate Evacuation Routes or Shelter in place locations.)

VENDORS ONLY

MEDICAL PLAN	EVENT NAME: _____ LOCATION: _____ TYPE: _____	2. DATE PREPARED	3. TIME PREPARED	AFD ONLY APPROVED: _____ DISAPPROVED: _____ DATE: _____ SIGNATURE: _____
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5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	NUMBER OF PERSONNEL	PARAMEDICS	
			YES	NO

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO
Albuquerque Ambulance Service	City of Albuquerque	As needed 911	x	

B. INCIDENT AMBULANCES

NAME	LOCATION AT SPECIAL EVENT	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
UNMH	2211 Lomas Blvd NE, Albuquerque			(505)272-2111	X		X	
Presbyterian Downtown	1100 Central Ave SE Albuquerque			(505)841-1063	X			X
Lovelace Medical Center DT	601 Dr. Martin Luther King Jr. Ave NE			(505)727-8000		X		X
Heart Hospital	504 Elm Street Northeast			(505)724-2000		X		X

8. MEDICAL EMERGENCY PROCEDURES

ICS 206 SPEVENT	9. PREPARED BY SPECIAL EVENT CONTACT NAME: _____	10. SPECIAL EVENT SIGNATURE: _____
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APPLICANT

SPECIAL EVENTS SITE MAP	1. EVENT NAME	2. DATE/TIME PREPARED	AFD ONLY APPROVED: _____ DISAPPROVED: _____ DATE: _____ SIGNATURE: _____
4. MAP SKETCH			
ICS 201-A SPEVENT	4. PREPARED BY SPECIAL EVENT CONTACT NAME	5. SPECIAL EVENT SIGNATURE:	

APPLICANT

SPECIAL EVENTS EVACUATION PLAN	1. EVENT NAME	2. DATE/TIME PREPARED	AFD ONLY APPROVED: _____ DISAPPROVED: _____ DATE: _____ SIGNATURE: _____
4. MAP SKETCH			
ICS 201 SPEVENT	4. PREPARED BY SPECIAL EVENT CONTACT NAME	5. SPECIAL EVENT SIGNATURE:	

APPLICANT