



# Special Events Emergency Action Plan

Please answer the questions below. Please use this template as a guide for developing a Special Events Emergency Action Plan (SEEAP) and include a comprehensive site map (with required components listed below). All event staff, volunteers, and vendors must have a thorough understanding of these documents.

Name of person filling out form:	Event Role:
Event Title:	
Event Location:	
Event Date(s):	Event Start/End Time(s):
Setup Date(s):	Setup Time(s):
Breakdown Date(s):	Breakdown Time(s):
Predicted Daily Total Attendance:	
Event Organizer Emergency Communication Liaison Name (this person is responsible for Event Emergency Communications):	Event Organizer Emergency Communication Liaison Phone Number:
<b>Event Type:</b> <input type="checkbox"/> General Event <input type="checkbox"/> Parade/Street Festival/Carnival/Concerts <input type="checkbox"/> Walk/Race <input type="checkbox"/> Neighborhood Events	
<b>Has your required comprehensive site map been attached with the SEEAP and include the necessary components (that apply) below?</b>  <input type="checkbox"/> Street Closures <input type="checkbox"/> Stage Location <input type="checkbox"/> Restroom Facility Locations <input type="checkbox"/> Vendor Areas <input type="checkbox"/> Food/Food Truck Areas	

- Information Tent
- Designated Parking Area
- First Aid Station
- Missing Child Relocation Area
- Emergency Shelter Location
- Volunteer Station

**Will you have any of the following? Include an attachment that provides detailed information in each checked box indicating the type of provider (i.e., for Entertainment Providers, Food Trucks, Sponsors, Vendors) and include Business Names, Contacts, and Phone Numbers for each)**

- Selling Food/Beverages
- Alcohol
- Amplified Sound
- Online Registration
- Entertainment Providers
- Sponsors
- Tent/Canopy (**MUST** be secured with equipment that does not damage the road/sidewalk)
- Food Trucks
- Tickets for Sale
- Vendors

**Event Staff Information: (Add in as many rows below as necessary for Event Staff Information or include as an attachment)**

Event Staff Name:	Event Staff Phone Number:
Event Staff Name:	Event Staff Phone Number:
Event Staff Phone Number:	Event Staff Phone Number:

**Event Volunteer Information: (Add in as many rows below as necessary for Event Volunteer Information or include as an attachment)**

Event Volunteer Name:	Event Volunteer Phone Number:
Event Volunteer Name:	Event Volunteer Phone Number:
Event Volunteer Name:	Event Volunteer Phone Number:

**How will Event Staff and Event Volunteers be visibly recognizable (i.e. designated t-shirts, vests, lanyards, etc.)? Please explain below:**

**Utilities/Transportation:**

- Wake Forest Power: 919-554-6150
- PSNC (Natural Gas): 877-776-2427
- Raleigh Bus Transit: 919-485-7433
- Water (Raleigh Utility): 919-890-3245
- CSX (Train): 919-833-2725 or 1-800-232-0144
- Other: (Please list)

**A. Event Communication**

**1. List the key onsite decision makers, along with their role and cell phone number. The individuals listed below are responsible for making decisions during an emergency and implementing the procedures detailed in this plan.**

Name	Event Role	Cell Phone
1.	Event Leader*	
2.	Backup Event Leader*	
3.	Safety/Security*	
4.		
5.		
6.		

\*Required. No single person can fill more than two roles.

**2. How will you share the SEEAP with staff, volunteers, and vendors? Check all that apply.**

Share at meeting or training prior to the event <input type="checkbox"/>	Email to staff, volunteers, and vendors prior to the event <input type="checkbox"/>
Present to volunteers and vendors at event check-in/load-in <input type="checkbox"/>	Other - please list:

<b>3. How will you communicate with staff, volunteers, and vendors <i>during</i> the event? Check all that apply.</b>			
Cellphone call	<input type="checkbox"/>	Radio	<input type="checkbox"/>
Announcements through event sound system	<input type="checkbox"/>	Messaging on screens	<input type="checkbox"/>
Event staff dispersing through crowd, communicating with vendors/volunteers	<input type="checkbox"/>	Text messages or Messaging app(s) - please specify:	
Other - please list:			
<b>4. Where will staff be headquartered during the event?</b>			
<b>5. How will you communicate with participants/attendees <i>prior</i> to the event? Check all that apply.</b>			
Email Announcements	<input type="checkbox"/>	Text Messages or Alerts	<input type="checkbox"/>
Website Updates	<input type="checkbox"/>	Press Releases	<input type="checkbox"/>
Variable Message Signs	<input type="checkbox"/>	Social Media - please list:	
Other - please list:			
<b>6. How will you communicate with participants/attendees <i>during</i> the event? Check all that apply.</b>			
Text Messages or Alerts	<input type="checkbox"/>	Announcements through event sound system	<input type="checkbox"/>
Website Updates	<input type="checkbox"/>	Messaging on screens	<input type="checkbox"/>
Event staff dispersing through crowd, communicating with participants	<input type="checkbox"/>	Social Media Live Updates - please specify platforms:	
Other - please list:			

## B. Severe Weather Contingency Plan

- The Event Leader shall enforce the Severe Weather Contingency Plan.
- The Event Leader is responsible for notifying event participants of any impending severe weather and finding a safe designated assembly area.
- If severe weather is anticipated during the time frame of the outdoor event, the Event Leader will coordinate the plan to amend, postpone, or cancel the event.

1. Who will monitor the weather before and during the event?	
Name:	Title/Event Role:
2. How will weather be monitored before and during the event? Check all that apply.	
National Weather Service website: <a href="https://www.weather.gov/rnk">https://www.weather.gov/rnk</a> <input style="float: right;" type="checkbox"/>	
Phone App - please specify: <input style="float: right;" type="checkbox"/>	
3. What weather conditions would cause you to delay or cancel the event? Check all that apply.	
<i>Consider the length of time it will take to cancel the event, relocate event participants, secure/remove projectiles, etc. This will assist in determining when you would need to cancel the event prior to anticipated severe weather impacts. The National Weather Service website provides helpful guidance for weather-related hazards.</i>	
Predicted heavy rain <input type="checkbox"/>	Active heavy rain <input type="checkbox"/>
Sustained winds of _____ mph <input type="checkbox"/>	Wind gusts of _____ mph <input type="checkbox"/>
Predicted lightning <input type="checkbox"/>	Active lightning within _____ mi (max 10 mi required) <input type="checkbox"/>
Predicted hail <input type="checkbox"/>	Active hail <input type="checkbox"/>
Tornado Watch <input type="checkbox"/>	Tornado Warning <input type="checkbox"/>
Heat Index over _____ <input type="checkbox"/>	Air Quality Index over _____ <input type="checkbox"/>
Icy roadways <input type="checkbox"/>	Wind Chill under _____ <input type="checkbox"/>
Predicted snow <input type="checkbox"/>	Active snow <input type="checkbox"/>
Other - please specify:	
4. If severe weather occurs during your event, where can people seek shelter?	
Structures near the event site. <i>Specify exact locations:</i>	Business(es) that have agreed to provide shelter:
Personal vehicles <input type="checkbox"/>	Event vehicles <input type="checkbox"/>

5. If weather or other emergency requires you to delay or stop your event, describe the process for a delayed start or a restart. (ex. may not delay >1 hour; will not restart after 3:00 PM, etc.).

**NOTE:** Delayed start/end cannot exceed the time of day permitted in the approved Special Event Permit Application.

**\*Public safety working the event must be available to work additional hours. Certificate of Insurance must cover the full timeframe of the event.**

6. In case of extreme temperatures, which of the following will be implemented?

Cooling tents	<input type="checkbox"/>	Staged vehicles for warming	<input type="checkbox"/>
Free water	<input type="checkbox"/>	Free hot beverages	<input type="checkbox"/>
Staged vehicles for cooling	<input type="checkbox"/>	Hand warmers available	<input type="checkbox"/>
Adjust event timeline	<input type="checkbox"/>	Extra medical personnel on site	<input type="checkbox"/>
Signage describing symptoms of temperature-induced medical issues	<input type="checkbox"/>	Other - please specify:	

## C. Medical

1. If an attendee at your event has a medical emergency, how will you ensure they receive help quickly? Check all that apply.

Event will temporarily stop	<input type="checkbox"/>	Staff/volunteers will help clear the immediate area	<input type="checkbox"/>
On-site medical personnel will be alerted via (radio, phone, etc.). Specify:		Staff/volunteers will call 911	<input type="checkbox"/>

2. Will you have EMS personnel on site during the event?  YES  NO

If yes, where will EMS set up?

If yes, please provide contact information for EMS agency providing service.

## D. Safety & Security

<b>1. What is your plan for securing the event?</b>	
<b>2. Are you hiring a 3<sup>rd</sup> party security company?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Please note that 3 <sup>rd</sup> party security is allowed but cannot perform the roles and functions of NC Law Enforcement Officers.	
If yes, please list the 3 <sup>rd</sup> party security company name and contact information.	
If yes, what duties with the 3 <sup>rd</sup> party security company perform?	
<b>3. If an individual is separated from their parent/guardian at your event, how will you reunite them with the correct guardian? Select all that apply.</b>	
Brief staff and volunteers on your missing child procedure <input type="checkbox"/>	Have staff person(s) available to stay with individual <input type="checkbox"/>
Announcements over PA system <input type="checkbox"/>	Inform staff/volunteers via phone/radio <input type="checkbox"/>
Alert local authorities <input type="checkbox"/>	Designate a reunification area - please specify where:

**Initial each of the following to acknowledge:**

\_\_\_\_\_ I understand that event staff will need to be briefed on the SEEAP and shelter locations and given maps of the locations prior to the event.

\_\_\_\_\_ I understand the Event Leader shall enforce the Severe Weather Contingency Plan.

\_\_\_\_\_ I understand the Event Leader is responsible for notifying event participants of any impending severe weather.

\_\_\_\_\_ I understand if severe weather is anticipated during the time frame of the event, the Event Leader will coordinate the plan to delay, suspend, or cancel the event.

A comprehensive site map (with necessary components from the section specified above) must be included with your SEEAP.

Printed Name (Individual Completing Form):  
Date:  
Signature: \_\_\_\_\_

Printed Name (Wake Forest Fire Department Designee Reviewing Form):  
Date:  
Signature: \_\_\_\_\_

This template is only a guide for developing a Special Events Emergency Action Plan (SEEAP) with the inclusion of a required comprehensive site map. All event staff, volunteers, and vendors must have a thorough understanding of these documents. The event organizer(s) and organization(s) are ultimately responsible for the safety and security of their event and the review of the form by the Town of Wake Forest employee(s) does not assume liability and/or approval. In consideration of the granting of the Special Event Permit, the applicant and any entity represented by such person shall indemnify and hold harmless the Town of Wake Forest, its officers, agents and employees against all loss, expense or liability of any kind, including attorney's fees, caused by or in any way resulting from the acts of any person attending the Special Event or in any way resulting from the activities carried on during the Special Event.

**Submit your SEEAP to Community Events Coordinator at:**

[communityeventscordinator@wakeforestnc.gov](mailto:communityeventscordinator@wakeforestnc.gov)

**Emergency Management may reach out to discuss your Special Events Emergency Action Plan (SEEAP) in further detail.**