



Community Special Event Health & Safety Plan

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Event Safety Plans are due a minimum 60 days out via email to events@burnaby.ca.

* indicates required fields



1. Event Overview *

Event Name: _____

Event Location (Address/Venue): _____

Event Date(s): _____

Event Start/End Times: _____ - _____

Set-Up and Take-Down Times: _____ - _____

Event Type: (e.g., Cultural, Sporting, Festival) _____

Estimated Attendance: _____

Ticketed Event **Open to the Public – Contained Site** **Open to the Public – Free Flow**

Event Details: *Type of event, event activities (including any inflatables or climbing walls), potential risks, attendance numbers, crowd demographics, VIPs (including political figures), previous incidents*

Major Event Sponsor(s): _____



2. Important Contacts *

Role	Contact Name	Phone	Email
Event Emergency Contact			
Venue Contact			
Law Enforcement			
Fire			
Security			
Other:			
Other:			
Other:			

3. Communications Plan *

Communications and Notification Resources: *(Please list tools such as radios, cell phones, PA systems, etc)*

Primary (Emergency) Contact: _____

Alternate: _____

Participant Notifications:

Person Responsible: _____ **Title:** _____

Primary Method: _____

Alternate Method(s): _____

Media Coordination:

	Name	Role	Phone	Email
Primary				
Alternate #1				
Alternate #2				



Pre-Event Briefing:

Time: _____ **Location:** _____

Covers staffing, procedures, emergency protocols, etc

4. Emergency Response and Procedures

First Responder Access Point*: _____

Incident Command Post Location(s): _____

Medical:

First Aid / Medical Location(s) *: _____

of Medical Staff on Site *: _____

Organization providing Medical Treatment *: _____

Level of Certification: _____

Day of Event Contact: _____

Phone: _____ **Email:** _____

Available Equipment (*first aid kits, AEDs, wheelchairs, etc*) *

Security:

Security Dispatch Location: _____

of Security Staff on Site *: _____

Security Provider *: _____

Organization Type: _____

Day of Event Contact: _____

Phone: _____ **Email:** _____

Prohibited Items: _____

Emergency Access Map Attached*

Security Plan or Map Attached*

Crowd Management Plan Attached (*includes how crowds will enter, move through, and leave the space; and what will be done if the area becomes too crowded*)



Emergency Response Contacts:

	Address	Phone
Hospital		
RCMP		
Fire Department		

Access Control Points: *(checking and managing who is allowed to enter an event, where they are allowed to go, and making sure only authorized people access specific areas)*

Site Access and Credentials:

Credentialing Procedures: _____

Screening Procedures: _____

Media Access: _____

Emergency Evacuation Plan *:

Primary Evacuation Route: _____

Alternate Route(s): _____

Muster Point: Primary _____ Secondary _____

Evacuation Procedures *(Outline who is responsible for coordinating safe evacuation of attendees, volunteers, etc)*

Active Threat Procedures: *(what people should do if there is an immediate and dangerous situation at an event, such as a violent person or other serious emergency).*

Missing Child/Vulnerable Person Procedures:

Medical Emergency Procedures:**Fire Procedures:****Severe Weather Procedures:** *(includes extreme heat, heavy rain, high winds, air quality, extreme cold, etc.)*



Show Stop Procedure: *(who has the authority to stop the event, how will it be stopped safely, how will people be informed, and under what conditions will the event re-start)*

Event Cancellation Procedure:

5. Access, Egress, and Traffic Control

Traffic Management Plan Created By: _____

Road Closures: _____

Access and Egress Routes: _____

Traffic Control Provider: _____

Traffic Management Plan Attached

Load-in and Load-out plan

Include process for vehicle access control to site, accreditation of vendors, timing for access to site, ways of mitigating traffic issues

Road Closure Plan

Include process for road closure and/or limited site access to protect the event site (barricades, vehicle barriers, etc)

Pedestrian Safety Measures *(steps to protect people walking in or around the event site such as clearly marked walkways, good lighting, staff or signage to guide people, etc)*



Public Transportation Plan

Include any communication you've had with public transit agencies, any closed bus stops or bus detours, and any plans for communications in and around public transit locations

Parking Plan:

Staff: _____

Volunteers: _____

Attendees: _____

6. Fireworks

Fireworks Supplier: _____

Level of Certification: _____

Day of Event Contact: _____

Phone: _____ **Email:** _____

- Fire Permit Attached
- Map showing fireworks fall out zone attached

7. Liability Insurance*

- Certificate of Insurance Attached
- Minimum coverage of \$5 Million per occurrence
- City of Burnaby named as Additional Insured



8. Food, Food Trucks, and/or Food Booths

- Food Trucks Food Vendors (packaged food) Food Vendors (open food)
Catering

Food Truck Arrival and Departure Safety Measures

(how will the arrival and departure of food trucks be controlled on the site)

All food vendors are required to have a valid City Business License. Provide a list of approved vendors.

In addition, for Food Trucks to be at your event, they need a permit to serve on any City of Burnaby owned public space. This includes, but is not limited to, picnic sites, parks, or community centres. “Food Truck Permit for Private Event”.

- All Food vendors have business licenses
 Food Truck Permit for Private Event has been approved

9. Alcohol Sales and Service

Alcohol Service hours: _____

Alcohol Service area: _____

Primary Contact for Alcohol Service: _____



Phone number: _____

BC Special Event Permit has been issued: YES NO Awaiting Approval

10. Maps*

Site Map Attached with markers for:

- First Aid
- Command Post(s)
- Security Posts
- Event Activities
- Liquor designated areas, including fencing

Traffic Control Map Attached with markers for:

- Access and Egress Points
- Traffic Control Personnel
- Parking
- Drop Off and Pick Up Locations

11. Additional Information

(Include any other safety-related details not covered above.)

Organizer Signature *: _____ Date *: _____



For more information or support in completing this plan, please contact City of Burnaby at events@burnaby.ca

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For Staff Use Only

Reviewed by BESST (Burnaby Event Safety and Security Team)

Additional Requirements and Recommendations:

Date: _____

Reviewed by Burnaby RCMP

Additional Requirements and Recommendations:

Date: _____