

MASS GATHERING PLAN CHECK LIST

Please Provide the following.
Include as many addendums as necessary

- | | |
|---|--|
| <input type="checkbox"/> Site plan showing parking areas | <input type="checkbox"/> Food Stand Locations |
| <input type="checkbox"/> Entrance & Exits (<i>Map</i>) | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Interior Roads/walks (<i>Map</i>) | <input type="checkbox"/> Number_____ |
| <input type="checkbox"/> Restrooms provided | <input type="checkbox"/> Solid Waste Containers |
| <input type="checkbox"/> Locations (<i>Map</i>) | <input type="checkbox"/> Locations (<i>Map</i>) |
| <input type="checkbox"/> Type_____ | <input type="checkbox"/> Type_____ |
| <input type="checkbox"/> Number_____ | <input type="checkbox"/> Number_____ |
| <input type="checkbox"/> Provider Name/company_____ | <input type="checkbox"/> Solid Waste Hauling Company |
| <input type="checkbox"/> Phone Number_____ | _____ |
| <input type="checkbox"/> Pumping Schedule_____ | <input type="checkbox"/> Phone # _____ |
| <input type="checkbox"/> Liquid Waste Hauler Company | <input type="checkbox"/> Emergency Medical Services |
| _____ | <input type="checkbox"/> Location (<i>Map</i>) |
| <input type="checkbox"/> Phone Number_____ | <input type="checkbox"/> Qualifications of Personnel_____ |
| <input type="checkbox"/> Water Stations | <input type="checkbox"/> Number of First-Aid Stations_____ |
| <input type="checkbox"/> Locations (<i>Map</i>) | <input type="checkbox"/> Other Info. |
| <input type="checkbox"/> Type_____ | _____ |
| <input type="checkbox"/> Number_____ | |

Comments: _____

