



OhioHealth
 Emergency Medical Services
 393 East Town Street, Suite 214
 Columbus, Ohio 43215
 (614) 566.9111 fax |566-8077

ems@ohiohealth.com
ohiohealthems.com

EMS Stand-by Request

Event Name:						Event Date:			
Event Start:		Event End:		EMS Arrival:		EMS Departure:			
Event Location:									
Event Address:									
Host Organization:									
Host Address:									
Event Planner:					Title:				
Office Phone:		Mobile Phone:		Email:					
Security Contact:					Title:				
Office Phone:		Mobile Phone:		Email:					
On-Site Contact:					Title:				
Office Phone:		Mobile Phone:		Email:					
Attendees:		Adults:		Children:		Elderly:		Special Needs:	
Description of Event Site (Conference or Banquet Center, Parking Lot, Tent, Etc.):									
Description of Event Activities (Meeting, Concert, Activities, Live Animals, Etc.):									
Will Executives, VIPs or other Special Guests be On-Site at the Event? <i>Please Explain in Comment Section.</i>						Yes:		No:	
Will Alcohol be Served or Available On-Site at the Event?						Yes:		No:	
Will Security or Special Duty Police Officers be Present On-Site at the Event?						Security:		Police:	
Has This or a Very Similar Event Been Held Previously?						Yes:		No:	
If Yes, What Types of Injuries, Illnesses or Incidents have occurred previously?									
Comments, Special Instructions or Requests:									
Completed By:					Title:				
Office Phone:					Email:				

Attach Event Planning Sheets, Schedules, Site Diagrams, and Other Applicable Planning Documents

Please submit EMS Stand-by requests at least 14 days prior to an event, when possible.
 Submit requests by email: ems@ohiohealth.com | fax: (614) 566-8077 | mail: **OhioHealth EMS, 393 E Town St, Ste 214, Columbus OH 43215.**
 For additional information, please contact the EMS Operations Coordinator at (614) 566-9911.

<i>OHEMS USE ONLY</i>	Time In:		Time Out:		Business Unit:		Cost Center:		Account:	
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