 **SAFETY, SECURITY & WEATHER PREPAREDNESS FORM**

**Form Submitted by: Date Submitted:**

**Phone Number: Email:**

**County: Torch Relay County Coordinator:**

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| **Emergency Management & Weather Preparedness** |

*Describe your emergency management plan below as it relates, specifically, to your county’s CELEBRATION*.

1. In the event of an emergency, who is the ultimate decision maker? Please provide phone number and email.
2. What are your onsite communication mechanisms (with the public/attendees) in the event of an emergency?

*(Examples: public address system, bull horns, social media, sirens)*

1. Is your celebration ‘rain or shine’? We strongly encourage you to think through a weather plan for evacuations, shelter in place, indoor rain plans, etc. *(Example: If dangerous weather is expected, the celebration will be conducted in the indoor atrium of the county courthouse.)*
2. What is the nearest hospital? Please provide an address and phone number.
3. Will you provide First Aid on site? Please name the provider and a phone number.
4. Who is primary point of contact for event security? Please provide a phone number and email.

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| **Contact Information** |

*Please complete the chart below and include the contact information as requested. Please include any other pertinent law enforcement, decision makers or county representatives that should be engaged if an emergency arises. The Torch Relay County Coordinator is assumed to be included in all ongoing communications related to safety, security and weather preparedness.*

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| --- | --- | --- | --- | --- |
| **Contact Name** | **Position** | **Organization** | **Phone** **Number** | **Email** |
|  | First Aid Provider |  |  |  |
|  | Local Hospital |  |  |  |
|  | Chief of Police |  |  |  |
|  | Public Information Officer | Local Law Enforcement |  |  |
|  | Primary contact for event security |  |  |  |
|  | Fire Chief |  |  |  |
|  |  | Department of Public Works / Street Department |  |  |
|  | Sheriff |  |  |  |
|  | Primary contact for Sheriff’s dept. |  |  |  |
|  |  |  |  |  |
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**This form must be submitted by October 30 to Noelle Szydlyk, State Director, Indiana Bicentennial Torch Relay – nszydlyk@visitindiana.com.**