



# Safety & Emergency Action Plan

*Event Title:*

*Date:*

- Who will safety check of ALL firearms that are used at the event regardless of ownership?
- Where will firearms be stored during each phase of the event?
- How and by whom will they be transported during the event?
- How will ammunition be stored and dispersed?
- When and where will personal protection equipment be worn?
- What is the emergency or 911 address for the event location?
- Who will notify emergency dispatch of when and where the event will take place?
- Contact information and hours of operation for closest medical facility:

Police - Phone 911

Event Lead Name and Phone:

Ambulance - Phone 911

Facility Representative Name and Phone: