

INSTRUCTIONS:

This report is to be completed by the operator of any event permitted under the authority of New York State Sanitary Code, Part-18, and forwarded to the Emergency Medical Services representatives at a Health Department Regional Office no more than five days following the event. The filing of this report is a condition of the issuance of the permit, and must be completed for any permit issued and/or each and every single event covered by a seasonal permit.

Name of Event	Type of Event	
Date(s) of Operation	Total Event Attendance	Actual Peak Attendance

Medical Incidents	No. of Patients Treated
Minor Injury(s) (cuts, scrapes, etc.)	_____
Major Injury(s) (fractures, head injury, etc.)	_____
Minor Illness(es) (sick, weak, heat, intoxication, etc.)	_____
Major Illness(es) (cardiac, allergic reaction, etc.)	_____
Deaths	_____
TOTAL PATIENTS TREATED - all causes	_____
Identify from the total number of patients treated during the event the number who showed signs or symptoms of any form of intoxication or substance abuse.	_____
Ambulance Transports	
Total patients transported from the site to local hospitals	_____

Unusual Occurrences/Comments (MCI, extreme weather conditions, etc.)

Completed by: _____

Print Name _____

Title _____

Signature _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Telephone Number

_____|_____|_____|_____|

Date