



ONTARIO CYCLING ASSOCIATION

Emergency Action Plan

This form must be completed by the event organizer and the emergency action plan described must be in place before the event sanctioned by the Ontario Cycling Association. Copies of the completed form must be distributed to all persons responsible for event safety including the safety coordinator, marshals, leaders, instructors, et al. A copy must be available for inspection by event official or OCA representative at the event upon request.

Date _____ **Event Name:** _____

Event Organizer Name and Contact: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone: _____ **Business Phone:** _____

Fax : _____ **Email:** _____

EAP Coordinator (must be at fixed location during event): _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Home Phone: _____ **Business Phone:** _____

Location during the event: _____

How to reach at event: _____

EAP assistants: _____

Location _____

Duties _____

First Aid Personnel: _____

Hospital closest to event: _____

Address _____

Phone: _____

Ambulance Phone: _____ **Police Phone:** _____

Additional Instructions: _____

Attach a map of the event location showing all major intersections and ambulance/police access points. Include the location of the nearest telephones as well as route directions to the nearest hospital from the start/finish. And for applicable events even 10 km along the route.

A copy of this completed plan may be requested by an event official.