**Emergency Action Plan**

Bicycle Newfoundland and Labrador

PO Box 13241, Station A St. John’s, NL A1B 4A5

Email: [admin@bicyclenl.com](mailto:admin@bnl.nf.ca)

This form must be completed by the event organizer and the emergency action plan described must be in place *before* the event is sanctioned or approved by Bicycle Newfoundland and Labrador (BNL). Copies of the completed form must be distributed to all persons responsible for event safety (including the safety coordinator, marshals, leaders, instructors, et al).

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| **Event Name:** |  |
| **Event Location:** |  |
| **Date (s) of event:** |  |
| **Contact Person (Organizer):** |  |
| Phone (s): |  |
| Email: |  |
| **EAP Coordinator (must be available during event):** |  |
| Location during event |  |
| How to reach during event |  |
| **EAP Assistants:** |  |
| Location: |  |
| Duties: |  |
| **First Aid Personnel:** |  |
| **Hospital closest to event:** |  |
| Address: |  |
| Phone: |  |
| **Ambulance Phone:** |  |
| **Police Phone:** |  |
| **Additional Instructions:** |  |