

MEDICAL PLAN .

of TOTAL staff on medical team? _____
 # of medical staff stationed at finish line? _____

Name of nearest hospital? _____
 Distance to nearest hospital from race site? _____
 # of ambulances at event? _____
 # of ambulances on call? _____
 Have they been notified of the event? Y / N _____

SAFETY

The safety director is familiar with the USA Triathlon incident report form and is in charge of all safety related issues.

Name _____
 Contact # and/or email address: _____

Will any other event personnel be completing the incident report forms at the event?

- Medical
- Police
- Race Director
- Safety Director
- Other

List the Local police and fire rescue notified of the event (all that apply)

1. Name, contact, phone number _____
2. Name, contact, phone number _____

Who will complete the USAT safety checklist prior to the race start? _____

USAT recommends planning in case of inclement weather. What is your plan? _____

The completed USAT sanction application provides a basic outline of a safety plan; please retain a copy for your records.

COMMUNICATION PLAN

How many people are part of the communication network? _____

What devices are they using? (check all that apply)

- Cell Phone - How many? _____
- Hand Held Radios - How many? _____
- PA System - How many? _____
- Amateur Short Wave Radio – How many? _____
- Other: _____

The medical team is part of the communications network. Y / N _____

COURSE MAPS (if not included on individual event pages) (All above course maps must be included for event to be sanctioned)

- Available on race website: _____
 - Swim/Bike/Run Map OR Run/Bike/Run Map
 - Transition Map with athlete flow in and out of transition
- Other: _____