

# Health Department



## EMERGENCY MEDICAL SERVICES (EMS)

### Notification to the Multnomah County EMS (MCEMS)

#### Ambulance Coverage for Special Events

**\*\*FOR EMS AGENCY USE ONLY\*\***

<b>Event Name</b>	
<b>Date(s) of Event*</b>	
<b>Location of Unit(s)</b>	
<b>Start and Stop Time(s)</b>	
<b>Level of Care</b> (e.g. ALS, BLS, Critical Care)	
<b>Number of Units</b> (e.g. 2 ALS, 1 BLS) <b>and</b> <b>Specific Units Assigned</b> (if known)	
<b>Will Ambulance(s) be Dedicated or Non-Dedicated?</b>	
<b>Type of Medical Staff</b> (e.g. Paramedic, EMT)	
<b>Number of Medical Staff</b>	
<b>Agency Standby Event Contact</b> (Email AND Phone number)	
<b>Any Other Important Information</b>	

*\*If the standby event crosses multiple days but all other details are the same, only one form is needed. If there are logistical differences for each day, separate forms will need to be submitted.*

\_\_\_\_\_  
**Standby Agency Signature**

\_\_\_\_\_  
**Date**

*We request forms be sent at least 24 hours in advance of the event.*

**Send completed forms to:**

[jan.acebo@multco.us](mailto:jan.acebo@multco.us)

and

[cesilee.fidler@multco.us](mailto:cesilee.fidler@multco.us)

For more information, see EMS-325 found in [EMS Administrative Rules](#)