

This form should be completed anytime it is necessary for a provider agency to implement an additional ALS unit on a temporary basis. Email the completed form to: [EMSLicensing@ochca.com](mailto:EMSLicensing@ochca.com)

**ACTIVATION OF TEMPORARY EMS UNIT for SPECIAL EVENT STANDBY**

(Provider Agency name) \_\_\_\_\_ will activate a temporary  ALS\*  BLS\*\* unit  
at (location) \_\_\_\_\_ on the following date/time:

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The event for this activation is \_\_\_\_\_

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The unit will be identified as \_\_\_\_\_

Event promotor (name and contact information):

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Description of how 9-1-1 dispatch will be contacted for on-site medical emergencies:

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\* ALS units will be staffed by two (2) Orange County accredited paramedics and will have the full complement of supplies, equipment and medications as per OCEMS policy #325.00.

\*\* BLS units will be staffed by two (2) Orange County accredited EMTs.

*Special event units shall comply with all OCEMS policies related to communications, equipment, supplies and documentation*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature – print name/title)

*Signature of requesting party indicates that applicable permits have been secured for the event and all OCEMS policies and procedures will be followed.*

OCEMS Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)