

Traffic control Plan Template For: _____
(Event Name)

Organization name:

Name of event organizer:

Email address:

Primary contact on day of event: (Name)

Primary #:

Alternate #:

Secondary contact on day of event: (Name)

Primary #

Alternate #:

Event Information:

Type of event:

Date(s) of Event:

Start time:

End time:

Estimated number of participants:

Estimated number of guests/spectators:

Estimated number of volunteers:

Estimated number of children:

Event Route:

Please provide route map.

Please indicate on your route map locations of:

1. Route or road closure area
2. Barricades
3. Marshalls and Flag Personnel
4. Signage and message boards
5. Rest stations, first aid stations and check points
6. Parking

Traffic Control:

Who is providing traffic control?

Company

Trained Volunteers

Certified Flaggers

Other (Please explain):

List PPE (Personal Protective Equipment to be worn by Traffic Control Personnel):

Emergency Action Plan

In the event of an incident or emergency, what is your plan? (Describe)

Include copy of your Emergency Action Plan.

Please save this document and email along with your site/route maps, Emergency Action Plan, and any other attachments to specialevents@rockyview.ca.