



Case Western Reserve University  
Emergency Medical Service  
Office of the External Operations Director  
[cwruems-exops@case.edu](mailto:cwruems-exops@case.edu)

Case Western Reserve EMS  
11424 Bellflower Road  
Cleveland, Ohio 44106

## CWRU EMS Standby Request Form

### Instructions:

- To request a standby, fill out this form and email it to the CWRU EMS External Operations Director, Nikaya Polsani at [cwruems-exops@case.edu](mailto:cwruems-exops@case.edu).
- All correspondence with CWRU EMS should be directed to the External Operations Director, who is in charge of CWRU EMS staffing for special events.
- After we have received and processed this request form, we will contact you to discuss your needs. The number and staffing of crews will be determined by the CWRU EMS External Operations Director.
- Please include alternate plans for inclement weather. If event is cancelled, please notify CWRU EMS by telephone and email and have the Protective Services dispatcher notify the on-duty CWRU EMS officer.
- Please be aware that we require at least two weeks prior notice to any event for standard pricing. Requesting events after this point will result in additional fees.
- Please contact the External Operations Director at [cwruems-exops@case.edu](mailto:cwruems-exops@case.edu) if any questions arise regarding the event.

### Services We Provide:

- Staffing for events will be provided in the form of a minimum of three person crews. There will be at least two Ohio licensed EMT-Basic in charge of each crew.
- Be aware that we require a 30 minute set-up time prior to the beginning of events, as well as a 30 minute clean up time, and charge accordingly.
- CWRU EMS does charge for its services. The hourly rates vary with respect to on or off campus events and can be requested by contacting [cwruems-exops@case.edu](mailto:cwruems-exops@case.edu).
- Please designate an area for EMS to set up during the standby event. Also keep in mind that we will be bringing an emergency vehicle that requires a designated spot.

### Please complete:

**Date of Request:**

**Name of Organization:**

**Event-day contact name, email, and phone number:**

**Event Type:**

Please return this completed form to the External Operations Director or email it to [cwruems-exops@case.edu](mailto:cwruems-exops@case.edu)



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**Date of Event:**

**Start Time:**

**End Time:**

**Event Location:**

**Approximate Number of People Attending the Event:**

**How will EMS be contacted during the event (ie. radio, phone, etc.)?**

**Where should the ambulance be parked and what route should it take to leave in case of emergency? If there is a map of the event, please attach.**

**Will any other emergency services be in attendance (i.e.. police, fire, other EMS)?**

**Additional Information (if necessary):**

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