

OHIO ATHLETIC COMMISSION

EVACUATION PLAN

FOR INJURED FIGHTERS

Name of Venue		Date of Event
Street Address:	City:	Phone:

Place Number in diagram Location (Please Circle #4's to indicate the Evacuation Exit or Exits)

- (1). ALL Building Location Exits
- (2). Dressing Room Location (s)
- (3). Location of Ring or Cage
- (4). Evacuation Exit (s)
- (5). Vicinity of nearest Hospital (Number should be placed outside Arena diagram)

Draw Exit line(s) with arrow(s) from ring or cage towards exit, then towards Main Street and Hospital Vicinity

Street Name: _____

Arena

On Site Ambulance:	Name:	Phone
Nearest Hospital:	Name:	Phone (Emergency)
Person Conducting Evacuation:		Promoter's Signature