**QUAD18**

**UNITE INTERVENTION**

**TOUT TERRAIN FRANCE**



**DEMANDE DE DISPOSITIF PRÉVISIONNEL DE SECOURS**

(A remplir par l’organisateur de la manifestation et à imprimer en recto/verso)

Conformément à la réglementation en vigueur, tout dispositif prévisionnel de secours à personnes doit faire l’objet d’une demande écrite à l’association de sécurité civile prestataire de la part de l’organisateur de la manifestation ou du rassemblement de personnes.

Cette demande doit être signée par l’organisateur, attestant ainsi l’exactitude des éléments portés dans ce document. Pour cela, ce dernier doit fournir les éléments suivants :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisme demandeur** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raison sociale : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Téléphone fixe : | | | | | | | | |  | | | | | | | | | | | | | | Téléphone portable : | | | |  | | | | | | | |
| Fax : |  | | | | | | | | | | | | | | | | | | Mail : | | |  | | | | | | | | | | | | |
| Représenté par : | | | | | | | | | |  | | | | | | | | | | | | | | | | Fonction : | | | |  | | | | |
| Représenté légalement par : | | | | | | | | | | | | | | | | | |  | | | | | | | | Fonction : | | | |  | | | | |
| **Caractéristiques de la manifestation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activité/Type : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date(s) : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Horaires : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du contact sur place : | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Téléphone fixe : | | | | | | | | | | |  | | | | | | | | | | | | | Téléphone portable : | | | | |  | | | | | |
| Fonction de ce contact : | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Adresse de la manifestation : | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Circuit : | | | Oui | | | | | | | | |  | Non | | | | | | |  | Si oui : | | | | Ouvert | | |  | | | Fermé | |  |  |
| Superficie : | | | | | | |  | | | | | | | | | Distance maxi entre les 2 points les plus éloignés du site : | | | | | | | | | | | | | | | |  | | |
| Risques particuliers : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature de la demande** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effectif d’acteurs : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Tranche d’âge : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Effectif public : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Tranche d’âge : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | - communication (traducteur) : | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Personnes ayant des besoins particuliers : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - déplacement (chaise roulante…) : | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - Autres : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Durée présence du public : | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public : | Assis | | | | | | | | | | | |  | | | Debout | | | | | | | | | | | | |  | | Statique | | | | | | | | | | | | | |  | | Dynamique | | | | | | | | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Caractéristiques de l’environnement et de l’accessibilité du site** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure : | | | | Permanente | | | | | | | | | | | | | | | | | |  | | Non permanente | | | | | | | | | | | | | | |  | | | Types : | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Voies publiques : | | | | | | | | | Oui | | | | | | | | | | | | |  | | Non | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dimension de l’espace naturel : | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance de brancardage : | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Longueur de la pente du terrain : | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Autres conditions d’accès difficile : | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Structures fixes de secours public les plus proches** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Centre d’incendie et de secours de : | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Distance : | | | | | | |  | | | | | km | | | |
| Structure hospitalière de : | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Distance : | | | | | |  | | | | | | km | | | |
| **Documents joints** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrêté municipal et/ou préfectoral | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Avis de la commission de sécurité | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plan(s) du site | | | | | |  | | Annuaire téléphonique du site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Autres : | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Autres secours présents sur place** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Médecin | | |  | | Nom : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Téléphone : | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infirmier | | |  | | kinésithérapeute | | | | | | | | | | | | | | | | | | | | | |  | | | Autres : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulance privée | | | | | | | | | |  | | | | Autres : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secours publics : | | | | | | | SMUR | | | | | | | | | |  | | | | Sapeurs-Pompiers | | | | | | | | | | | | | | | |  | | | Police | | | | | | | | |  | | | Gendarmerie | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autres : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Certifié exact. Fait le :

*Signature de l’organisateur*