

Gaylord Unit Incident Organizer

Incident Name				
Fire Number				
IC	Name:			
Time	Date:		On scene:	
	Called:			
	Enroute:			
	Attacked:			
Contained	Date:		Time:	
Control	Date:		Time:	
Final Acres	State	Private	USFS	Other

Fire Response Map QR codes for Avenza Maps

Special Areas

Counties

Coverage Areas

Radios

Zone Fire



Fire Size Up

Incident Name:			
IC:		IC(T):	
Township:	Range:	Section	
Latitude:		Longitude:	
FMU:		County:	
Zone Dispatch Yes/No			
Estimated Size:		Ownership:	
Fuel Type:	Grass	Brush	
Hardwood Litter	Conifer	Slash	
Spread Potential:	Low	Moderate	High
Fire Behavior:	Smoldering		Creeping
Running	Torching	Crowning	
Flame Length (Ft):			
Wind Speed:		Direction:	
Structures Threatened:		# Of Structures:	
Yes/No			
Fire Investigator Needed:		Law Enforcement:	
Yes/No		Yes/No	
Name:		Name:	
Agency:		Agency:	
Cause:	Debris	Campfire	Arson
Lightning	Children	Railroad	
Equipment	Unknown/Misc		
Hazards:			

Communications		
Designation	Channel/Talkgroup	800mhz/ HiBand
Command		
Command		
Tactical (Div__)		
Tactical (Div__)		
Air Resources		
Fire Department		

Date/Time	Notable Activities

Medical Incident Report

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE
"MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure.

Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)
Incident Name		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander		Name of IC
Patient Care		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.

Number of Patients:	Male / Female	Age:	Weight:
Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC!			
Mechanism of Injury: What caused the injury?			
Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24'			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heart stroke, disoriented.	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE .
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. Ex: Significant trauma, not able to walk, 2° - 3° burns not more than 1-2 palm sizes.	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED .
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness.	Non-Emergency. Evacuation considered Routine of Convenience .

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)

Helispot Short-haul/Hoist Life Flight Other

Ground Transport:

Self-Extract Carry-Out Ambulance Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/IC-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC*	Transmit (Tx)	Tone/NAC*
Ex: Command	Forest Rpt. Ch. 2	168.3250	110.9	171.4325	110.9
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) Ex: N 40 42.45' x W 123 03.24'
Patient's ETA to Evacuation Location:
Helispot/Extraction Size and Hazards:

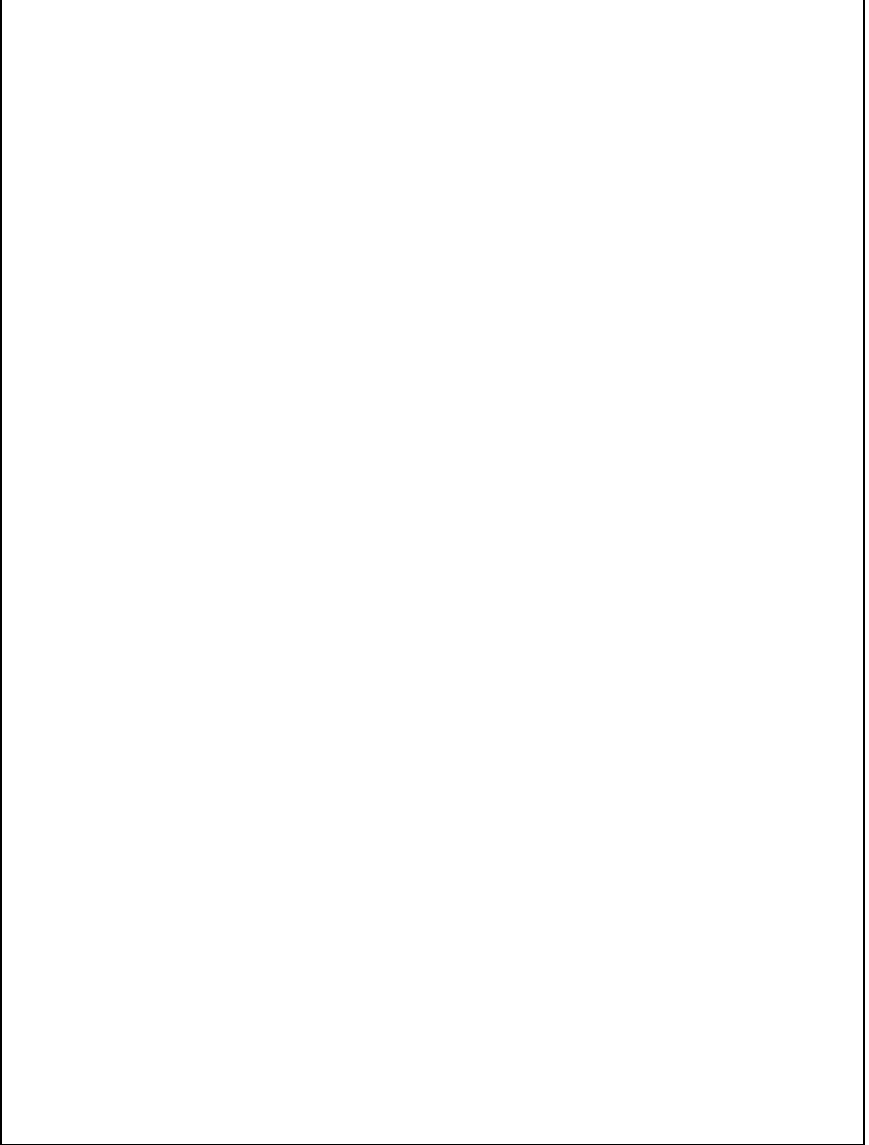
9. CONTINGENCY:

Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...

REMEMBER: Confirm ETA's of resources ordered
Act according to your level of training
Be Alert. Keep Calm. Think Clearly. Act Decisively.

Notes

Map Sketch

A large, empty rectangular box with a thin black border, intended for drawing a map sketch. The box occupies most of the page below the title.