

INCIDENT ACTION PLAN

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# WEST REGION IMO

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**5/4 - 5/8** 2021

0800-2000 Operational Period

WA-WFS-126  
224-IYB



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<b>ORGANIZATION ASSIGNMENT LIST</b>			
1. Incident Name		<b>West Region IMO</b>	
2. Date 5/4/2021		3. Time 12:07:00 AM	
4. Operational Period 5/4 - 5/8 2021 0800-2000		9. OPERATIONS SECTION	
		Chief	Ken Foss 253-318-2678
		Deputy Chief	Tom Hatley 360-986-6049
<b>5. INCIDENT COMMANDER &amp; STAFF</b>		<b>a. West Branch</b>	
Incident Commander	Peter Suver 360-402-2715	Branch Director	Sami Schinnell 928-607-2672
Dep. IC	Leonard Johnson 360-581-9672	Grays Harbor County	
Liason Officer	Tim McKern 360-463-2767	Pacific County	
Safety Officer	Mark Hill 206-949-0940	<b>b. East Branch</b>	
Information Officer	Norma Brock 360-490-9090	Branch Director	Andrew Shaffran 360- 507-6343
		Lewis County	
		Thurston County	
<b>6. AGENCY REPRESENTATIVE</b>		<b>c.</b>	
<b>Agency</b>	<b>Name</b>	Branch Director	
WSP Fire Marshal	Bill Slosson	Division A	
WA DOH/WANG	Darius Bazemore	Division B	
Grays Harbor Co. IC	Hannah Cleverly	<b>d.</b>	
Lewis Co. IC	JP Anderson	Branch Director	
Pacific Co. IC	Katie Lindstrom	Division A	
Thurston Co. IC	Mark Moffett	Division B	
<b>7. PLANNING SECTION</b>			
Chief	David Winter 509-301-2631		
Deputy	Ryan Scharnhorst 509-432-1016		
Resource Unit	Brian Dodge 360-870-6700		
Situation Unit			
Documentation Unit		<b>10. FINANCE SECTION</b>	
Demobilization Unit		Chief	Sue Ranger 509-930-6062
Human Resources		Deputy	
Planning Operations	Sami Schinnell 928-607-2672	Time Unit	Lisa Egtvedt 360-333-5769
		Procurement Unit	
		Cost Unit	
		<b>11. CONTACTS / OTHER INFORMATION</b>	
<b>8. LOGISTICS SECTION</b>		CWICC 509.884.3473 fax 509.884.3549	
Chief	Cindy Preston 509-607-9724		
Deputy	Chris Patti 360-791-5052		
Supply Unit	Steve Huang 360-770-9806		
Facilities Unit			
Ground Support Unit			
Communications Unit			
RADO			
Medical Unit		Prepared by (Resource Unit Leader)	
Food Unit		Ryan Scharnhorst	

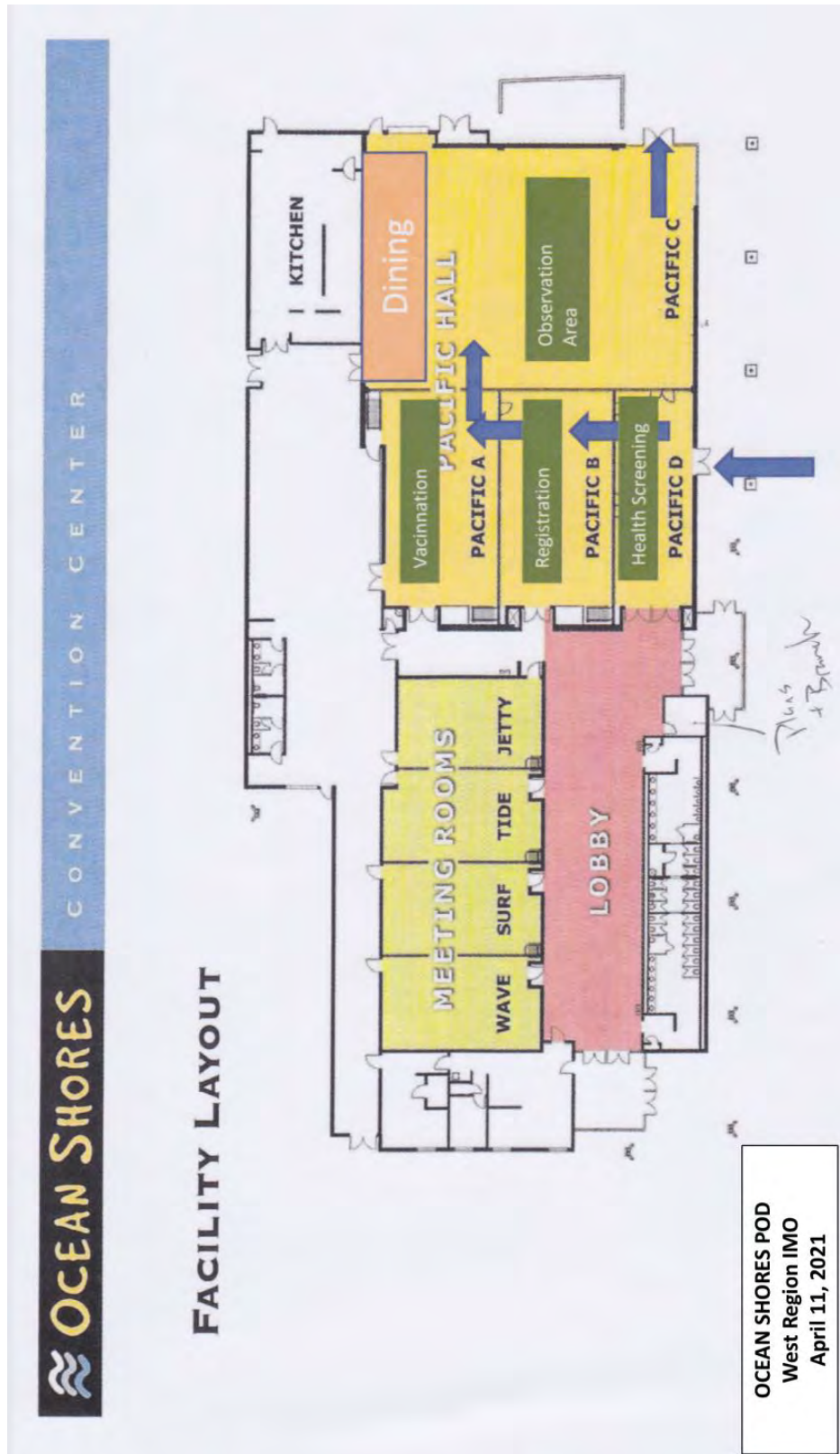
<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>West Grays Harbor</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/4 - 5/8 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Sami Schinnell 928-607-2672</i>		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAARNG Teeam 8				<input type="checkbox"/>	
	Team 8 CO	1LT Hagerty	1	509-951-1881	<input type="checkbox"/>	
	Team 8 NCO	SSG David Rosender	1	509-281-0460	<input checked="" type="checkbox"/>	
	WAARNG Team 8		13		<input checked="" type="checkbox"/>	
	Team 8 DOH LOFR	Katie Scott	1	360 236-4059	<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			16			
<b>7. Work Assignments</b>						
Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty. Operate the Ocean Shores mass vaccination site.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: Tone TX: Tone			
TACTICAL			RX: Tone TX: Tone			
AIR			RX: TX: Tone			
			See site specific POD communications plan			
Prepared by (RESL)		Approved by (PSC) <b>Ryan Scharnhorst</b>		Date: 5/3/2021	Time: 1615	

Grays Harbor Site

1. Incident Name  
West Region IMO

2. Date Prepared  
5/3/2021

3. Time Prepared  
1615

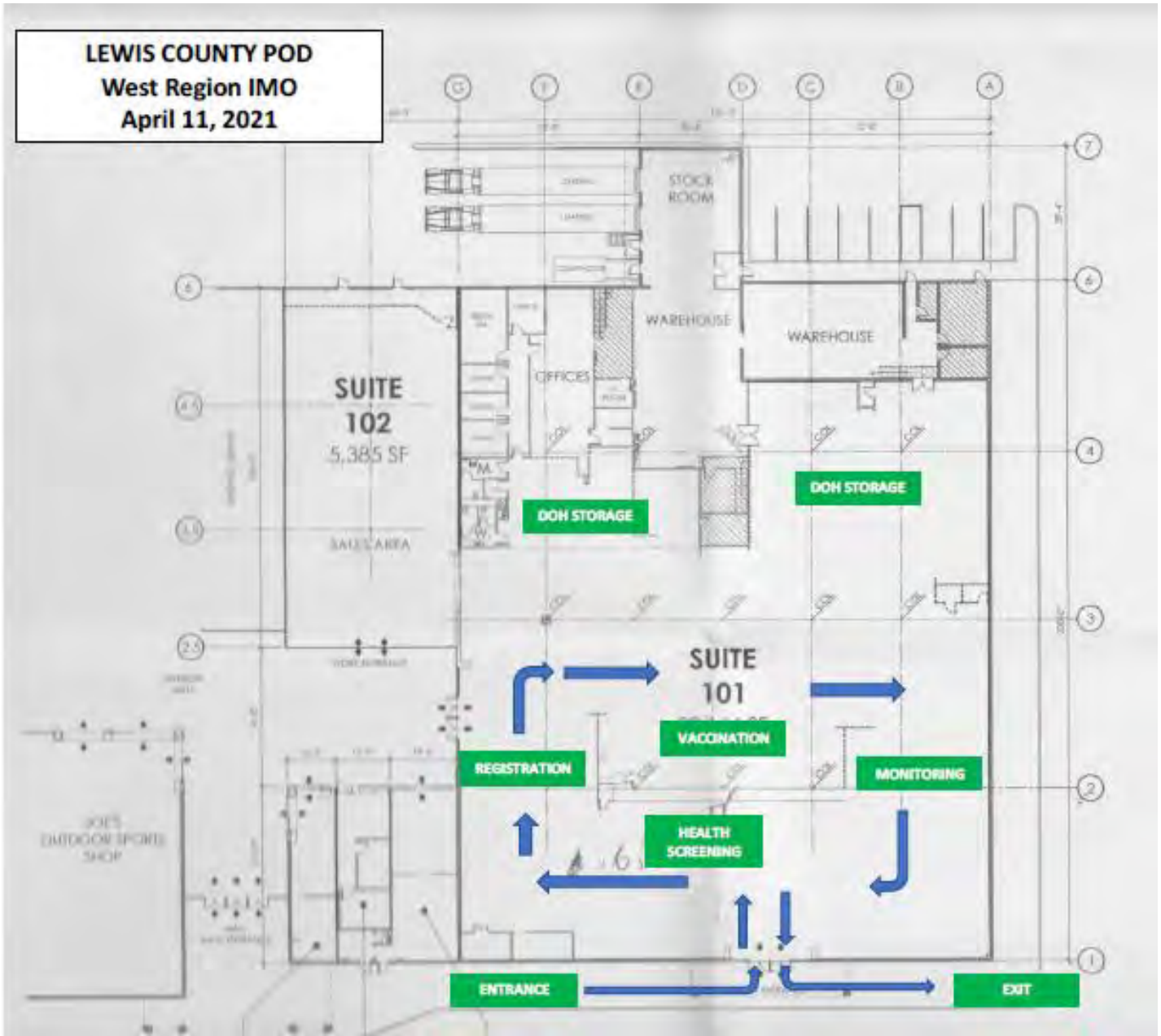


9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

<b>DIVISION ASSIGNMENT LIST</b>			1. Branch <b>East Lewis</b>		2. Division / Group <b>Vaccination</b>	
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/4 - 5/8 2021</b> Time: <b>Day</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director		<i>Andrew Shaffran 360- 507-6343</i>
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	WAARNG Team 9				<input type="checkbox"/>	
	Team 9 CO	LT Huang Roh	1	253-239-7408	<input type="checkbox"/>	
	Team 9 NCO	SSG Cazenavette	1	910-635-1274	<input type="checkbox"/>	
	WAARNG Team 9		13		<input checked="" type="checkbox"/>	
	Team 9 DOH LOFR	Eric Farmer	1	360-878-7628	<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			16			
<b>7. Work Assignments</b>						
Assist the LHH with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: Tone TX: Tone			
TACTICAL			RX: Tone TX: Tone			
AIR			RX: TX: Tone			
			See site specific POD communications plan			
Prepared by (RESL)		Approved by (PSC) <b>Ryan Scharnhorst</b>			Date: 5/3/2021	Time: 1615

<b>Lewis Flow</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/3/2021</b>	3. Time Prepared <b>1615</b>
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9. Prepared by (Name and Position)  
**Ryan Scharnhorst PSC**



<b>DIVISION ASSIGNMENT LIST</b>			1. Branch	<b>West Pacific</b>	2. Division / Group	<b>Vaccination</b>
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/4 - 5/8 2021</b> Time: <b>0800-2000</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director		<i>Sami Schinnell 928-607-2672</i>
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
O-3052	EMTP	Josh Chisnell	1	760-780-7681	<input type="checkbox"/>	April 28-29
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
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<b>7. Work Assignments</b>						
Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: Tone TX: Tone			
TACTICAL			RX: Tone TX: Tone			
AIR			RX: TX: Tone:			
			See site specific POD communications plan			
Prepared by (RESL)		Approved by (PSC)			Date:	Time:
		<b>Ryan Scharnhorst</b>			5/3/2021	1615

<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>East Thurston</b>		2. Division / Group <b>Vaccination</b>		
3. Incident Name <b>West Region IMO</b>			4. Operational Period Date: <b>5/4 -5/8 2021</b> Time: <b>0800-2000</b>			
<b>5. Operations Personnel</b>						
Operations Chief		<i>Ken Foss 253-318-2678</i>		Branch Director <i>Andrew Shaffran 360- 507-6343</i>		
Safety Officer		<i>Mark Hill 206-949-0940</i>		Division/Group Supervisor		
<b>6. Resources Assigned this Period</b>						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
SPSCC Site					<input type="checkbox"/>	
O-3045	EMTP	Gary Schwiesow	1	360 942-8147	<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	
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					<input type="checkbox"/>	
			1			
<b>7. Work Assignments</b>						
Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the daily COVID screening. Wear your PPE appropriate to each given duty.						
<b>8. Special Instructions</b>						
When traveling around or working within the traffic lanes / vaccination area, wear your high visibility vest.						
<b>9. Communication Summary</b>						
Function	Name	Mode	Frequency			
COMMAND		N	RX: Tone TX: Tone			
TACTICAL			RX: Tone TX: Tone			
AIR			RX: TX: Tone:			
			See site specific POD communications plan			
Prepared by (RESL)		Approved by (PSC) <b>Ryan Scharnhorst</b>		Date: 5/3/2021	Time: 1615	

<b>WEATHER</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/3/2021</b>	3. Time Prepared <b>1615</b>
<p><b><u>Grays Harbor Co.</u></b></p> <p><b>Tuesday</b> - Mostly sunny, with a high near 59. West northwest wind 5 to 13 mph.  <b>Wednesday</b> - A 10 percent chance of rain after 5pm. Mostly cloudy, with a high near 69. East wind 9 to 11 mph.  <b>Thursday</b> - Rain. High near 56. Chance of precipitation is 80%.  <b>Friday</b> - Rain. Mostly cloudy, with a high near 54.  <b>Saturday</b> - A chance of rain. Partly sunny, with a high near 56.</p> <p><b><u>Lewis Co.</u></b></p> <p><b>Tuesday</b> - Mostly cloudy, then gradually becoming sunny, with a high near 60. West wind 3 to 7 mph.  <b>Wednesday</b> - Partly sunny, with a high near 72. Southeast wind 8 to 10 mph.  <b>Thursday</b> - Rain likely, mainly after 11am. Mostly cloudy, with a high near 57. Chance of precipitation is 60%.  <b>Friday</b> - Rain likely, then showers and possibly a thunderstorm after 11am. Mostly cloudy, with a high near 48.  <b>Saturday</b> - A chance of rain. Mostly cloudy, with a high near 52.</p> <p><b><u>Pacific Co.</u></b></p> <p><b>Tuesday</b> - Cloudy through mid morning, then gradual clearing, with a high near 56. Northwest wind around 6 mph.  <b>Wednesday</b> - Partly sunny, with a high near 68. East wind 7 to 9 mph.  <b>Thursday</b> - Rain likely, mainly after 11am. Mostly cloudy, with a high near 56. Chance of precipitation is 70%.  <b>Friday</b> - Rain before 2pm, then showers likely, mainly between 2pm and 5pm. Snow level 3200 feet. Cloudy, with a high near 52.  <b>Saturday</b> - A chance of showers. Snow level 3500 feet rising to 4200 feet in the afternoon. Partly sunny, with a high near 52.</p> <p><b><u>Thurston Co.</u></b></p> <p><b>Tuesday</b> - Mostly cloudy through mid morning, then gradual clearing, with a high near 66. South southwest wind 5 to 7 mph becoming light and variable.  <b>Wednesday</b> - Mostly cloudy, with a high near 74. North northeast wind 3 to 6 mph.  <b>Thursday</b> - Rain likely, mainly after 11am. Mostly cloudy, with a high near 63. Chance of precipitation is 70%.  <b>Friday</b> - Rain likely, then showers and possibly a thunderstorm after 11am. Mostly cloudy, with a high near 57.  <b>Saturday</b> - A chance of rain. Partly sunny, with a high near 60.</p>			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: center;"><i>Ryan Scharnhorst PSC</i></p>			

**SAFETY MESSAGE**

1. Incident Name  
West Region IMO

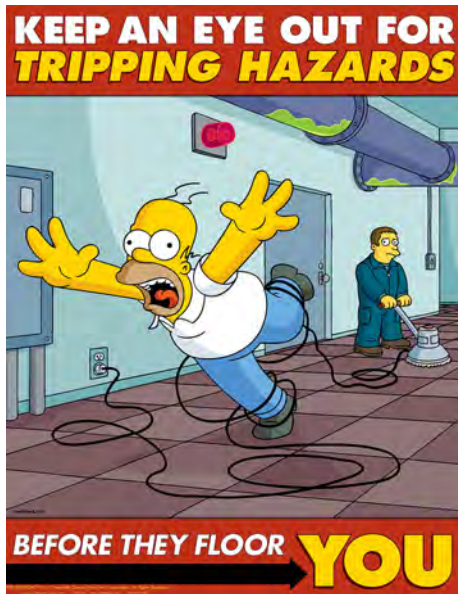
2. Date Prepared  
5/3/2021

3. Time Prepared  
1615

**Have a high level of awareness for distracted drivers while going to and from worksites in addition to operating at drive through vaccine sites.**

**Continue to follow Washington state and CDC COVID-19 guidelines of wearing a mask, social distancing, and frequent hand washing. This will also help with influenza and colds.**

**Try to get in a walk, some stretching or other type of exercise on a regular basis."**



<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> <b>West Region IMO</b>	<b>2. Operational Period:</b>	Date From/To: 5/4 - 5/8 2021			
			Time From/To: 0800-2000			
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
Medical Monitoring	Vaccination Site		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
Call 911		Call 911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address Latitude/Longitude</b>	<b>Contact Number(s)/Frequency</b>	<b>Travel Time Air Ground</b>	<b>Trauma Center</b>	<b>Burn Center</b>	<b>Helipad</b>
Harborview Medical Cntr	325 9th Ave, Seattle, WA 47.6039° N, 122.3241° W	206.744.3000		<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Providence St. Peter Hospital	413 Lilly Rd NE, Olympia, WA 47.0522° N, 122.8476° W	360-491-9480		<input type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Providence Centralia	914 S Scheuber Rd. 46.7123° N, 122.9856° W	360-736-2803		<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Summit Pac. Med., Elma	600 E. Main St.	360-346-2222		<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>						
<p>Each county has a medical plan per site. Follow the site plan for your location, or call 911 immediately.</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>						
<b>7. Prepared by (Medical Unit Leader):</b>		Name: Ryan Scharnhorst PSC		Signature:		
<b>8. Approved by (Safety Officer):</b>		Name:		Signature:		

<b>FINANCE MESSAGE</b>	1. Incident Name	2. Date Prepared	3. Time Prepared
	West Region IMO	5/3/2021	1615

**Finance Message**

Incident Numbers: WA-WFS-000126 DNR account code 224-IYB

CTRs & Shift tickets

- IMO members-due Monday, Wednesday & Friday for preceding days.
- Non-IMO members – due daily
- If work 5+ continuous hours, please show lunch break to comply with L&I Rules. If you are compensated for lunch per your home jurisdiction/labor agreement, please indicate "Compensable lunch" in the remarks section of the CTR.
- If requesting per diem or lodging reimbursement from their home agency, please note that in the Remarks section.
- Send CTRs/shift tickets to supervisor, then approved CTRs/shift tickets to [wrimo.fin@gmail.com](mailto:wrimo.fin@gmail.com)

Pay schedule

WSP casual hire payments will be submitted every two weeks. Fire district career personnel and other agency employees will receive their OF-288 at demob, the end of each month or upon request. You may request a draft at any time.

**EXAMPLES**

OPER TIME REPORT			
Contractor work-in clinic		O-3025	
DATE	WORKER'S HOME AGENCY	WA-WFS-126	
1	Chris Cook	EWTP	0530 - 2730
2			1130 - 0300
3			1230 - 0600
4			0600 - 1100
5			
6			
7			
8			
9			
10			
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1 - Travel to Clinic from Gig House  
 2 - Support work at recruitment clinic  
 3 - Return travel to Gig House  
 Compensable lunch  
 Per item 24-25 L&I table

**SAVE**

EMERGENCY EQUIPMENT SHIFT TICKET			
<small>THIS EMERGENCY EQUIPMENT SHIFT TICKET IS TO BE USED FOR ALL EMERGENCY EQUIPMENT OPERATIONS.</small>			
1. AGREEMENT NUMBER State Mobilization-COVID Mass Vaccination		2. CONTRACTOR (name) Thurston Co FD 9	
3. INCIDENT OR PROJECT NAME W Region Mass Vacc support		4. INCIDENT NUMBER WA-WFS-126	
5. OPERATOR (name) Joe Smith O-3030		6. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
7. EQUIPMENT MAKE Ford		8. EQUIPMENT MODEL Explorer	
9. SERIAL NUMBER		10. LICENSE NUMBER B2345C	
11. DATE M/D/Y		12. EQUIPMENT USE HOURS DAYS/AMILES (check one)	
	START	STOP	SPECIAL
4/15/21	0530	0554	Travel
13. REMARKS (optional, detail time and cause, problems, etc.) BLS Kit onsite E-4007			
14. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and ready for use <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor			
15. DEVICE POSTED BY (Name & phone)			
16. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		17. GOVERNMENT OFFICE'S SIGNATURE	18. DATE SIGNED

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3


<b>Field Order Example</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/3/2021</b>	3. Time Prepared <b>1615</b>
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**GENERAL MESSAGE (ICS 213)**

1. Incident Name (Optional): Covid-19 Mass Vaccination Support		
2. To (Name and Position): Cindy Preston, LSC		
3. From (Name and Position): John Doe, West Branch		
4. Subject: Field Supply order - Grays Harbor - Elma vaccination Site	5. Date: 4-16-2021	6. Time: 1200
<p>7. Message:</p> <p>What you need - specific</p> <p>Amount you need -</p> <p>When you need it - May 19 by 0800</p> <p>Where you need it - Grays Harbor Fairgrounds.</p> <p>Please give as much notice as possible - If possible at least the day before by 1200 so you can pick up the next morning and take with you.</p> <p>If you sign fine I don't care - type in name &amp; title</p>		
8. Approved by: Name: <u>fill in</u> Signature: <u>[Signature]</u> Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: <u>[Signature]</u>		
ICS 213	Date/Time: _____	

**EXAMPLE**

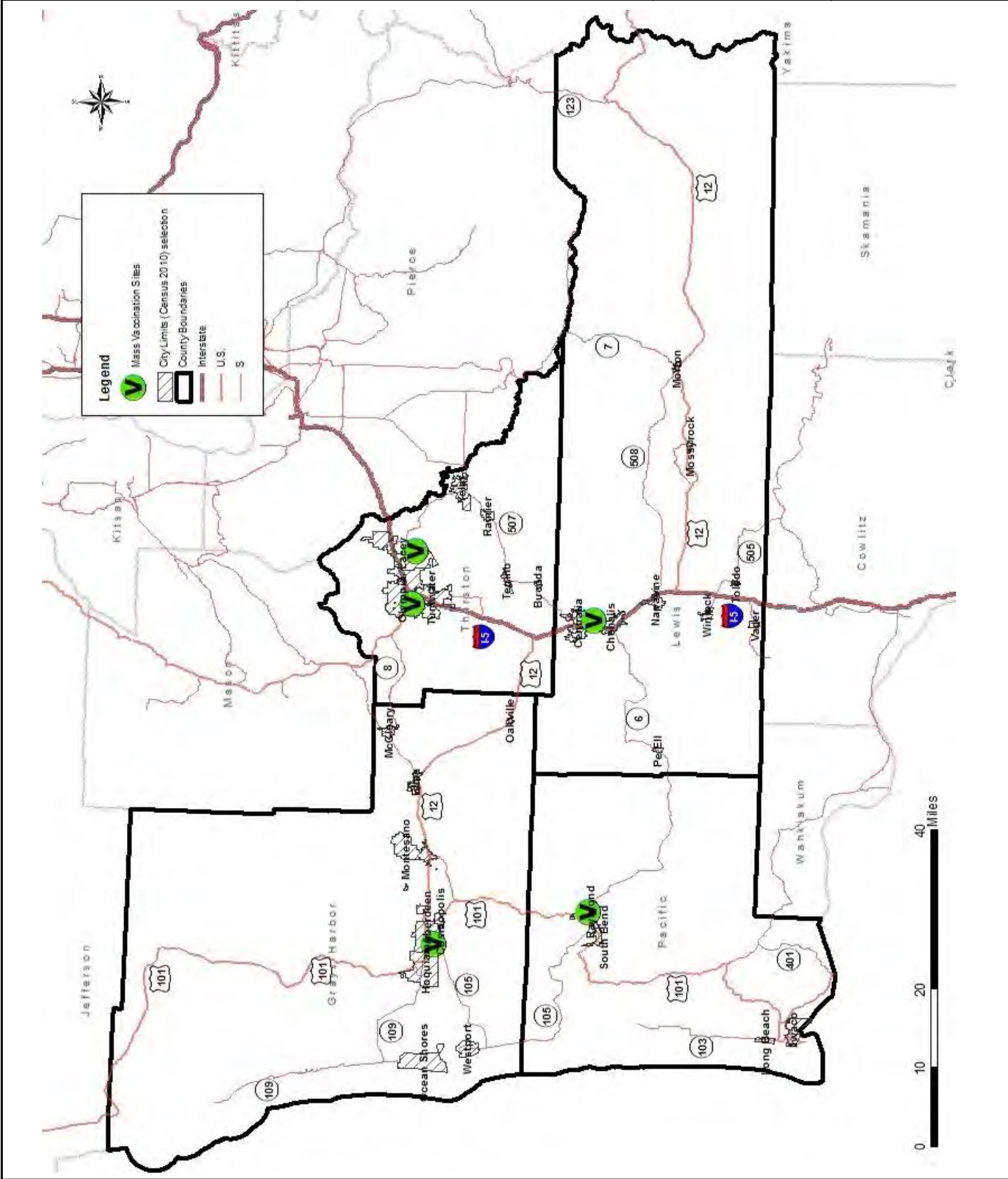
9. Prepared by (Name and Position)  
*Cindy Preston LSC3*

DAILY SCHEDULE	1. Incident Name West Region IMO	2. Date Prepared 5/3/2021	3. Time Prepared 1615
0830	C & G Meeting		
0915	Tactics Meeting		
1100 scheduled)	Operational Briefing (when		
1500	Planning Meeting (when scheduled)		
			
<p>9. Prepared by (Name and Position)</p> <p style="text-align: right;"><i>Ryan Scharnhorst PSC3</i></p>			



<b>UNIT LOG</b>		1. Incident Name	2. Date Prepared	3. Time Prepared
		<b>West Region IMO</b>		
4. Unit Name/Designators		5. Unit Leader (Name and Position)	6. Operational Period	
			<b>5/4 -5/8 2021</b>	<b>0800-2000</b>
<b>7. Personnel Roster Assigned</b>				
<b>Name</b>		<b>ICS Position</b>	<b>Home Base</b>	
<b>8. Activity Log</b>				
<b>Time</b>		<b>Major Events</b>		
9. Prepared by (Name and Position)				

<b>MAP</b>	1. Incident Name <b>West Region IMO</b>	2. Date Prepared <b>5/3/2021</b>	3. Time Prepared <b>1615</b>
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9. Prepared by (Name and Position) <b>Stephanie Falcon PSC(t)</b>
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# MEDICAL PLAN (ICS 206 WF)

Medical Incident Report					
<b>FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>					
<b>Use items one through nine to communicate situation to communications/dispatch.</b>					
<b>1. CONTACT COMMUNICATIONS/DISPATCH</b> <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i>					
<b>2. INCIDENT STATUS:</b> <i>Provide incident summary and command structure.</i>					
Nature of Injury/Illness			<i>Describe the injury</i> <i>(Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical"</i> <i>(Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider</i> <i>(Ex: EMT Smith)</i>		
<b>3. INITIAL PATIENT ASSESSMENT:</b> <i>Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</i>					
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: <i>What caused the injury?</i>					
Lat/Long (Datum WGS84) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>					
<b>4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY</b>					
<b>SEVERITY</b>			<b>TRANSPORT PRIORITY</b>		
<input type="checkbox"/> <b>URGENT-RED</b> Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>			Ambulance or MEDEVAC helicopter. Evacuation need is <b>IMMEDIATE</b> .		
<input type="checkbox"/> <b>PRIORITY-YELLOW</b> Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>			Ambulance or consider air transport if at remote location. Evacuation may be <b>DELAYED</b> .		
<input type="checkbox"/> <b>ROUTINE-GREEN</b> Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>			Non-Emergency. Evacuation considered <b>Routine of Convenience</b> .		
<b>5. TRANSPORT PLAN:</b>					
<b>Air Transport:</b> (Agency Aircraft Preferred)					
<input type="checkbox"/> Helispot		<input type="checkbox"/> Short-haul/Hoist		<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
<b>Ground Transport:</b> <a href="#">Click here to enter text.</a>					
<input type="checkbox"/> Self-Extract		<input type="checkbox"/> Carry-Out		<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other
<b>6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:</b>					
<input type="checkbox"/> Paramedic/EMT(s)		<input type="checkbox"/> Crew(s)		<input type="checkbox"/> SKED/Backboard/C-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)					
<b>7. COMMUNICATIONS:</b>					
Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					
*(NAC for digital radio system)					
<b>8. EVACUATION LOCATION:</b>					
Lat/Long (Datum WGS84) <i>EX: N 40 42.45' x W 123 03.24'</i>					
Patient's ETA to Evacuation Location:					
Helispot/Extraction Size and Hazards:					
<b>9. CONTINGENCY:</b>					
<b>Considerations:</b> <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i>			<b>REMEMBER:</b> <b>Confirm ETA's of resources ordered</b> <b>Act according to your level of training</b> <b>Be Alert. Keep Calm. Think Clearly. Act Decisively.</b>		