START HERE ₹ FIRST AID REPO			PORT FORM						
INI	TIAL RAPID CHECK: CONSCIOUS?	EIN	JDINGS -	FIRST AID GIVEN	DE	SCHE DE	OHEST		
CONSCIOUS? FINDINGS FINDINGS			FIRST AID GIVEN	RESCUE REQUEST Fill Out One Form Per Victim					
ARWAT: BREATHING?				TIME OF INCIDENT	DATE:	er viciim			
	-			(= /=)		_			
	-	se, Severe bleeding, S	nock) TIME:		AM/PM	•			
	C WHAT HAPPENED: C WHERE IT HURTS:				NATURE OF INCIDE				
		PULSE:	RESPIRATION:		☐ FALL ON/IN:		STRUCK BY:		
Lev	el of Consciousness: A V P U		RESPIRATION:		☐ EXCESSIVE HEAT	/COLD	BURNS AN	MS/HAPE/CE	
	HEAD: Scalp—Wounds, Deformity			E. C. S. S	☐ ILLNESS: SUDDEN/CHRONIC ☐ ANIMAL:				
S	Ear, Nose—Fluid, Blood			un () win	BRIEF DESCRIPTION	OF INCIDENT.			
i	Eyes—Pupils								
g	Jaw—Stability)O()O(0				
n s & S y	Mouth—Wounds				INJURIES/PROBLE		First Aid G	iven	
	NECK: Wounds, Deformity			} }{{	(List Most Severe fir	st)			
	CHEST: Movement, Symmetry								
	ABDOMEN: Wounds, Rigidity				TTH R				
	PELVIS: Stability				TO MAIN				
m	EXTREMITIES: Wounds, Deformity				END C				
p t o m s	Sensation & Movement				Whiteh Bridger	D.			
	Pulses Below Injury				SKIN TEMP/COLOR				
	BACK: Wounds, Deformity				STATE OF CONSC				
	SKIN: Color				PAIN (Location)				
	Temperature				RECORD: I	NITIAL		DEPART	
	Moistness			() "/	Time				
Allergies:			} {} (Pulse					
				<u> </u>	Respiration Consciousness				
Med	lications:)% K {	Consciousness				
Pert	inent Medical History (MEDICAL ID	?):			NOTIFY (Name):				
Last Intake, Output (time):			COMPLETED BY	RELATIONSHIP PHONE					
Events leading to incident:			DATE TIME	ADDRESS					
VICTIM'S NAME			AGE:	VICTIM'S NAME AGE/DoB					
							KB20070401 after	The Mountaineers	

			ng, Section-T-R):							
AREA DESCR	LIPTION:									
TERRAIN:	□ Flat	☐ Moderate	□ Steep							
	☐ Talus ☐ Glacier	□ Brush	☐ Trail ☐ Rock							
ON-SITE PLA		□ Snow	□ ROCK	-						
☐ Will Stay										
	cuate To									
Can Stay Ov	ernight Safely	r: □ Yes □	□ No							
On-Site Equipment: ☐ Tent ☐ Stove ☐ Food/H ₂ O										
☐ Ground l	Insulation [] Signal/Flare [☐ Radio/Phone	DETA O						
LOCAL WEA	ΓHER:			CH HERE— ACH HERE						
EVACUATIO	N: □ Cai	ry Out 🗆 🗎	Helicopter	KEEP SEN						
☐ Lowering	g 🗆 Rai	sing 🗆 I	Rigid Litter	THIS.						
EQUIPMENT:				SECTI T WITI						
□Food	□Wat		ther	ON WI						
PARTY MEMBERS REMAINING: BeginnersIntermediateExperienced										
				FOR,						
NAME	NOTII	FY(Name)	PHONE	_ \$						
NOTIFY:										
	l/State Park:	Ranger								
		lice FD EMS	Rescue Squad							
Telepho	one/Frequency			_						
KB20070401 after The Mountaineers										

_	1	1	1	1	1			1	
							am/pm or 24 hour	TIME	Record
				 			10 12 14 16 16 18 20	Rate	BREATHS
							Deep, Shallow, Noisy, Labored	Character	HS
				 			50 60 70 60-80 80 90 100	Rate	PULSE
							Strong, Weak, Regular, Irregular	Character	Е
							Strong, Weak, Absent	BELOW	PULSES
							Equal Size, React to Light	PUPILS	
							Color, Tempera- ture, Moistness	SKIN	
							Alert, Confused, Verbal- response, Pain-responsive Unresponsive	CONSCIOUS -NESS	STATE OF
							Pain, Anxiety, Thirst, Etc	OTHER	

VITAL SIGNS RECORD (at least every 15 minutes)