

CODY DISPATCH INCIDENT ORGANIZER



2021

Incident Name			
T/R/S			
Fire Code	DOI:	USFS:	
Lat/Long (WGS84)			
Ranger District/Field Office			

IC#1 Took Command	Name:	Date:	Time:
IC#2 Took Command	Name:	Date:	Time:

Containment Date & Time			
Control Date & Time			
Out Date & Time			
Final Size By Ownership	BLM:	USFS:	
	BIA:	NPS:	
	State:	Private:	
	Total:		

Directions and Intent:

MOST INCIDENTS ONLY REQUIRE FILLING OUT SOME OF THE PAGES - i.e., TYPE 4 AND 5 INCIDENTS. (In these situations, fill out afterwards when doing your AAR.)

- Intended to provide the IC with a format and focal point to begin processing an incident that is emerging. (Start to plan the fight – delegate – instead of fighting the fight and possibly losing your situational awareness as IC.)
- Use until an Incident is out or operating on an IAP.
- Serves as an Incident Workbook used in conjunction with the Incident Response Pocket Guide, Redbook, or Fireline Handbook.
- Gray-blocked items are required to be filled in for 30-mile accident prevention (Forest Service).

IC#1 Signature: _____

IC#2 Signature: _____

Initial Attack Fire Size-Up

Incident Action #:	Incident Name:	Date:	Time:		
Reported By:					
Geographical Description:					
Latitude:		Longitude:			
Estimated size in acres:	Ownership @ Origin:	Complexity:			
Est. Containment Date/Time:		Est. Control Date/Time:			
Cause: Lightning__ Human__ Unknown__ Specify Human Cause: Fire Investigator Needed <input type="checkbox"/> No <input type="checkbox"/> Yes Name:		Structures Threatened:			
Control Problems:		Additional Resources Needed:			
Observed Hazards:		Initial Incident Commander:			
Spread Potential:	1. Low	2. Moderate	3. High	4. Extreme	
Fire Behavior:	1. Smoldering	3. Running	5. Torching	7. Crown/spotting	
	2. Creeping	4. Spotting	6. Crowning	8. Erratic	
Flame Length:	ft.				
Slope:	1. 0-25%	2. 26-40%	3. 41-55%	4. 56-75%	5. 76 + %
Position on Slope:	1. Ridgetop		4. Middle 1/3		7. Valley bottom
	2. Saddle		5. Lower 1/3		8. Mesa/Plateau
	3. Upper 1/3		6 Canyon bottom		9. Flat or rolling
Aspect:	1. Flat	3. NE	5. SE	7. SW	9. NW
	2. N	4. E	6. S	8. W	10. Ridgetop
Fuel Model:	1. Short Grass		5. Brush (2 ft)		9. Hardwood Litter
	2. Timber/Grass Understory		6. Dormant Brush		10. Timber (Litter & Understory)
	3. Tall Grass		7. Southern Rough		11. Lt Logging Slash
	4. Chaparral		8. Closed Timber Litter		12. Med Logging Slash
Weather Conditions:	1. Clear			5. Lightning	
	2. Scattered Clouds			6. Overcast	
	3. Building Cumulus			7. Intermittent Showers	
	4. T-storm in Area			8. Heavy Rain	
Wind:	Speed (MPH):	Gusts:		Direction:	
Elevation:	ft.				
See back page for required Medivac information					
Medivac Location:	Lat	Long		Elevation	
Alt Medivac Location:	Lat	Long		Elevation	
Medivac Location Hazards:					

Wildland Fire Risk and Complexity Assessment

The Wildland Fire Risk and Complexity Assessment should be used to evaluate firefighter safety issues, assess risk, and identify the appropriate incident management organization. Determining incident complexity is a subjective process based on examining a combination of indicators or factors. An incident's complexity can change over time; incident managers should periodically re-evaluate incident complexity to ensure that the incident is managed properly with the right resources.

Instructions:

Incident Commanders should complete Part A and Part B and relay this information to the Agency Administrator. If the fire exceeds initial attack or will be managed to accomplish resource management objectives, Incident Commanders should also complete Part C and provide the information to the Agency Administrator.

Part A: Firefighter Safety Assessment

Evaluate the following items, mitigate as necessary, and note any concerns, mitigations, or other information.

Evaluate these items	Concerns, mitigations, notes
LCES	
Fire Orders and Watch Out Situations	
Multiple operational periods have occurred without achieving initial objectives	
Incident personnel are overextended mentally and/or physically and are affected by cumulative fatigue.	
Communication is ineffective with tactical resources and/or dispatch.	
Operations are at the limit of span of control.	
Aviation operations are complex and/or aviation oversight is lacking.	
Logistical support for the incident is inadequate or difficult.	

Part B: Relative Risk Assessment

Values			
<u>B1. Infrastructure/Natural/Cultural Concerns</u> Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high. Considerations: key resources potentially affected by the fire such as urban interface, structures, critical municipal watershed, commercial timber, developments, recreational facilities, power/pipelines, communication sites, highways, potential for evacuation, unique natural resources, special-designation areas, T&E species habitat, cultural sites, and wilderness.	L	M	H
<u>B2. Proximity and Threat of Fire to Values</u> Evaluate the potential threat to values based on their proximity to the fire, and rank this element low, moderate, or high.	L	M	H
<u>B3. Social/Economic Concerns</u> Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high. Considerations: impacts to social or economic concerns of an individual, business, community or other stakeholder; other fire management jurisdictions; tribal subsistence or gathering of natural resources; air quality regulatory requirements; public tolerance of smoke; and restrictions and/or closures in effect or being considered.	L	M	H
Hazards			
<u>B4. Fuel Conditions</u> Consider fuel conditions ahead of the fire and rank this element low, moderate, or high. Evaluate fuel conditions that exhibit high ROS and intensity for your area, such as those caused by invasive species or insect/disease outbreaks; continuity of fuels; low fuel moisture	L	M	H
<u>B5. Fire Behavior</u> Evaluate the current fire behavior and rank this element low, moderate, or high. Considerations: intensity; rates of spread; crowning; profuse or long-range spotting.	L	M	H
<u>B6. Potential Fire Growth</u> Evaluate the potential fire growth, and rank this element low, moderate, or high. Considerations: Potential exists for extreme fire behavior (fuel moisture, continuity, winds, etc.); weather forecast indicating no significant relief or worsening conditions; resistance to control.	L	M	H
Probability			
<u>B7. Time of Season</u> Evaluate the potential for a long-duration fire and rank this element low, moderate, or high. Considerations: time remaining until a season ending event.	L	M	H
<u>B8. Barriers to Fire Spread</u> If many natural and/or human-made barriers are present and limiting fire spread, rank this element low. If some barriers are present and limiting fire spread, rank this element moderate. If no barriers are present, rank this element high.	L	M	H
<u>B9. Seasonal Severity</u> Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme. Considerations: energy release component (ERC); drought status; live and dead fuel moistures; fire danger indices; adjective fire danger rating; preparedness level.	L/M	H	VH/E
<i>Enter the number of items circled for each column.</i>			

Relative Risk Rating (circle one):

Low	Majority of items are “Low”, with a few items rated as “Moderate” and/or “High”.
Moderate	Majority of items are “Moderate”, with a few items rated as “Low” and/or “High”.
High	Majority of items are “High”; A few items may be rated as “Low” or “Moderate”.

Part B: Relative Risk Assessment

Notes/Mitigation

Notes/Mitigation

Notes/Mitigation

Part C: Organization

Relative Risk Rating (From Part B)				
Circle the Relative Risk Rating (from Part B).		L	M	H
Implementation Difficulty				
<u>C1. Potential Fire Duration</u> Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high. Note: This will vary by geographic area.	N/A	L	M	H
<u>C2. Incident Strategies (Course of Action)</u> Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as low, moderate, or high. Considerations: Availability of resources; likelihood that those resources will be effective; exposure of firefighters; reliance on aircraft to accomplish objectives; trigger points clear and defined.	N/A	L	M	H
<u>C3. Functional Concerns</u> Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element low (adequate), moderate (some additional support needed), or high (current capability inadequate). Considerations: Incident management functions (logistics, finance, operations, information, planning, safety, and/or specialized personnel/equipment) are inadequate and needed; access to EMS support, heavy commitment of local resources to logistical support; ability of local businesses to sustain logistical support; substantial air operation which is not properly staffed; worked multiple operational periods without achieving initial objectives; incident personnel overextended mentally and/or physically; Incident Action Plans, briefings, etc. missing or poorly prepared; performance of firefighting resources affected by cumulative fatigue; and ineffective communications.	N/A	L	M	H
Socio/Political Concerns				
<u>C4. Objective Concerns</u> Evaluate the complexity of the incident objectives and rank this element low, moderate, or high. Considerations: clarity; ability of current organization to accomplish; disagreement among cooperators; tactical/operational restrictions; complex objectives involving multiple focuses; objectives influenced by serious accidents or fatalities.	N/A	L	M	H
<u>C5. External Influences</u> Evaluate the effect external influences will have on how the fire is managed and rank this element low, moderate, or high. Considerations: limited local resources available for initial attack; increasing media involvement, social/print/television media interest; controversial fire policy; threat to safety of visitors from fire and related operations; restrictions and/or closures in effect or being considered; pre-existing controversies/relationships; smoke management problems; sensitive political concerns/interests.	N/A	L	M	H
<u>C6. Ownership Concerns</u> Evaluate the effect ownership/jurisdiction will have on how the fire is managed and rank this element low, moderate, or high. Considerations: disagreements over policy, responsibility, and/or management response; fire burning or threatening more than one jurisdiction; potential for unified command; different or conflicting management objectives; potential for claims (damages); disputes over suppression responsibility.	N/A	L	M	H
<i>Enter the number of items circled for each column.</i>				

Notes/Mitigation
Notes/Mitigation

Part C: Organization (continued)

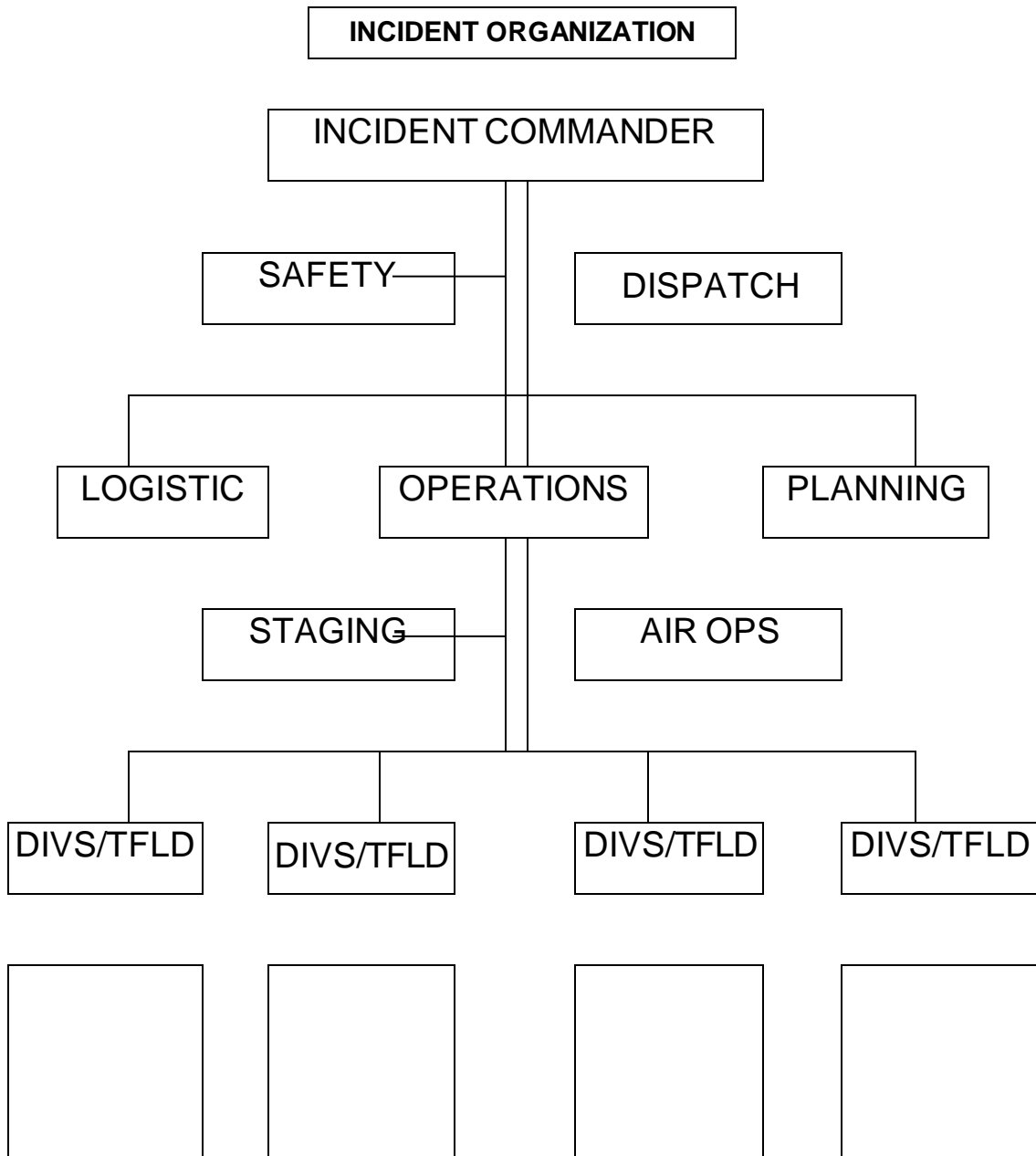
Recommended Organization (circle one):

Type 5	Majority of items rated as “N/A”; a few items may be rated in other categories.
Type 4	Majority of items rated as “Low”, with some items rated as “N/A”, and a few items rated as “Moderate” or “High”.
Type 3	Majority of items rated as “Moderate”, with a few items rated in other categories.
Type 2	Majority of items rated as “Moderate”, with a few items rated as “High”.
Type 1	Majority of items rated as “High”; a few items may be rated in other categories.

Rationale:

Use this section to document the incident management organization for the fire. If the incident management organization is different than the Wildland Fire Risk and Complexity Assessment recommends, document why an alternative organization was selected. Use the “Notes/Mitigation” column to address mitigation actions for a specific element and include these mitigations in the rationale.

(Examples: protect structures, keep fire to east of road, river, or ridge)



BRIEFING CHECKLIST	
SITUATION:	
* Fire name, location, map orientation, other incidents in area	
* Terrain influences	
* Fuel type and condition	
* Fire weather (previous, current, and expected) – Winds, RH, temperature, etc.	
* Fire behavior (previous, current, and expected) – Time of day, slope, wind, etc.	
MISSION/EXECUTION:	
* Command – Incident Commander/immediate supervisor	
* Commander's intent – Overall strategy/objectives	
* Specific tactical assignments	
* Contingency plans	
COMMUNICATIONS:	
* Communication plan – tactical, command, air-to-ground frequencies, phone numbers	
* Medivac plan	
SERVICE/SUPPORT:	
* Other resources – Working adjacent and those available to order, Aviation Operations	
* Logistics – Transportation, supplies, and equipment	
RISK MANAGEMENT:	
* Identify known hazards and risks	
* Identify control measures to eliminate hazards/reduce risk, anchor points, LCES	
* Identify trigger points for disengagement/re-evaluation of operational plan	
QUESTIONS OR CONCERNS?	

RADIO FREQUENCIES		
Net	Frequency	Code Guard
Command	Rx	
	Tx	Tx
Support/Dispatch	Rx	
	Tx	Tx
Air-to-Ground	Rx	
	Tx	Tx
Air-to-Air	Rx	
	Tx	Tx
Tac 1	Rx	
	Tx	Tx
Tac 2	Rx	
	Tx	Tx
CONTACT LIST/PHONE NUMBERS		
Position/Name	Agency	Phone#/Radio Freq.
FIRE/CRASH RESCUE		
Fire Rescue		
MEDICAL		
Ambulance Air Ambulance Hospital Burn Center Poison Center		

Work Rest Ratio Documentation Worksheet

This worksheet is designed to help the IC document and calculate amount of rest required to meet the Work/Rest guidelines.

- For every 2 hours of work or travel provide 1 hour of sleep or rest.
- IC must justify and document work shifts exceeding 16 hours and those that do not meet the 2:1 work/rest guidelines -- see below.

Date	Operational Period Start Time	Operational Period Stop Time	Total Hours Worked	Rest Time (document hours when employee or module rested)

Approval for shift lengths exceeding 16 hrs given by:

Date/Time Approval Given:

IC Signature:

Date:

MAP SKETCH

Prepared by:

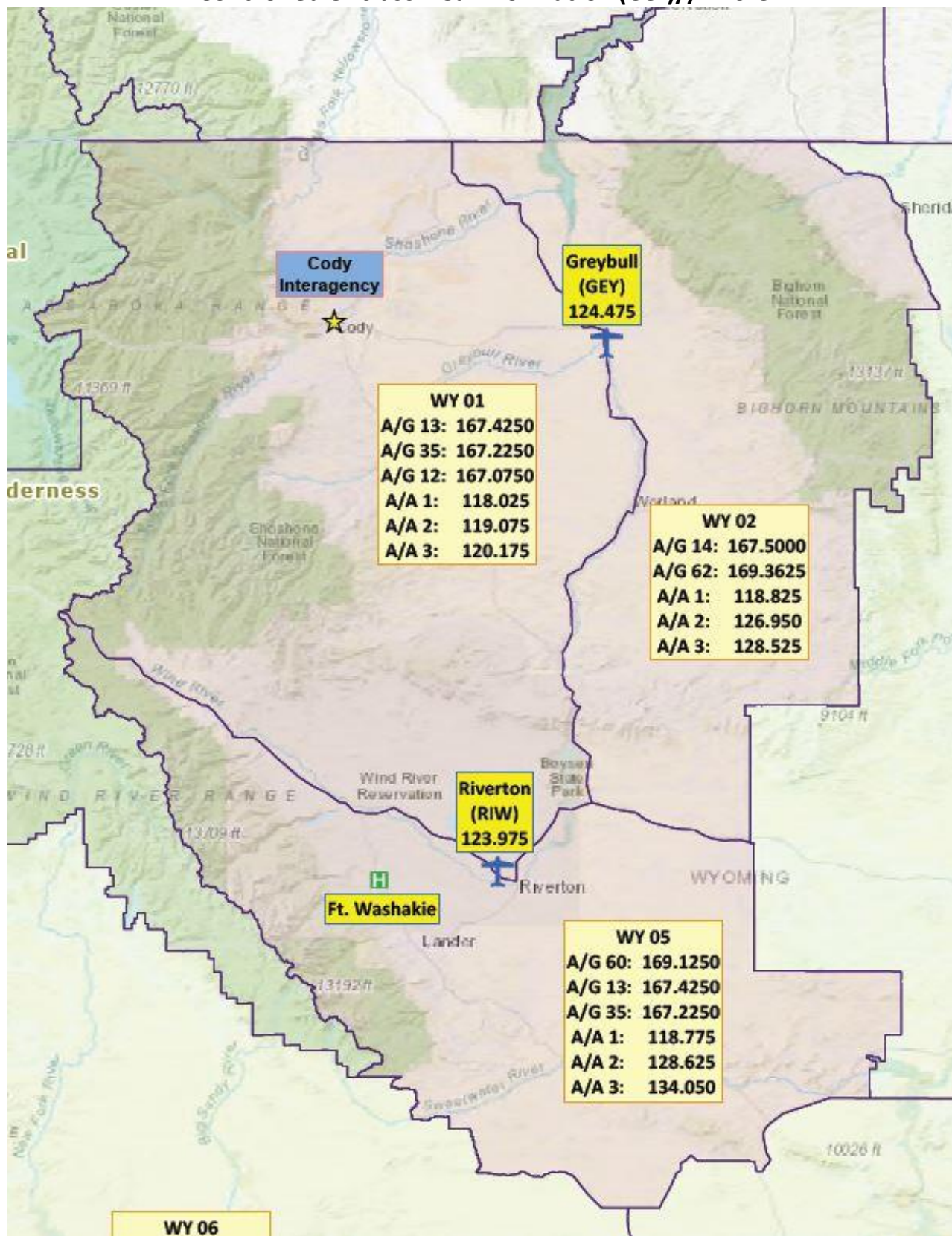
Position:

Date/Time

Incident Commander Responsibilities

Action	Documentation Required?
Make safety of firefighters and the public the highest priority. When a potentially life-threatening situation exists, supersede natural and cultural resource considerations if necessary to provide for safety.	No
Prepare a complexity analysis on each wildland fire at the time of initial attack as part of the size up.	Yes
Ensure all firefighting actions are in full compliance with the Ten Standard Fire Orders and mitigation of the applicable Watch Out Situations has been accomplished.	No
Ensure arriving ground fireline resources on Type 3 – 5 wildland fires have positive and documented contact with appropriate incident management personnel and receive a briefing.	Yes
Provide fireline qualified individuals training on entrapment recognition and deployment protocols when such training has not been provided by the home/host Units.	Yes
Manage fatigue of personnel and ensure compliance with work/rest and length of assignment guidelines.	Yes
Personally conduct inspections for safety and health hazards, including compliance with the Ten Standard Fire Orders and mitigation of applicable Watch Out Situations.	Yes
Assign personnel to fireline positions for which they are qualified, as certified by their employing agency. Assign trainees per FSH 5109.17.	No
Include compliance with the Ten Standard Fire Orders and mitigation of applicable Watch Out Situations in after-action reports.	Yes
Monitor effectiveness of planned strategy and tactics. Immediately delay, modify, or abandon firefighting action on any part of a wildland fire where strategies and tactics cannot be safely implemented.	No
Ensure that performance ratings are completed on Type 3 – 5 wildland fires for all ground resources assigned from outside the local area.	Yes
On Type 1 – 3 wildland fires, accept no collateral duties except for unfilled command and general staff positions.	No

Cody Dispatch Area A/G & A/A Map 2021
Controlled Unclassified Information (CUI)//BASIC



Controlled Unclassified Information (CUI)//BASIC

SPOT WEATHER OBSERVATION AND FORECAST REQUEST

Requesting Agency will Furnish Information for Blocks 1-12

1. Incident or Project	2. Control Agency	3. Request Made	
		Time:	Date:
4. Location (Designate Township, Range, and Section (& ¼ Section)):		5. Drainage Name:	6. Exposure/Aspect:
7. Size of Incident or Project Acres	8. Elevation:		9. Fuel Type
	Top	Bottom	

11. Weather Conditions at Incident or Project or from RAWs

Place	Elev	Observation Time	Wind Direction/Velocity		Temperature		No entry necessary: To be completed by the Fire Weather Forecaster		Remarks (% cloud cover)
			20 Foot	Eye Level	Dry Bulb	Wet Bulb	RH	DP	

12. Send Forecast To (Person): _____ Send Forecast To (Location): _____ Send Forecast Via: _____ Send Copy To: _____

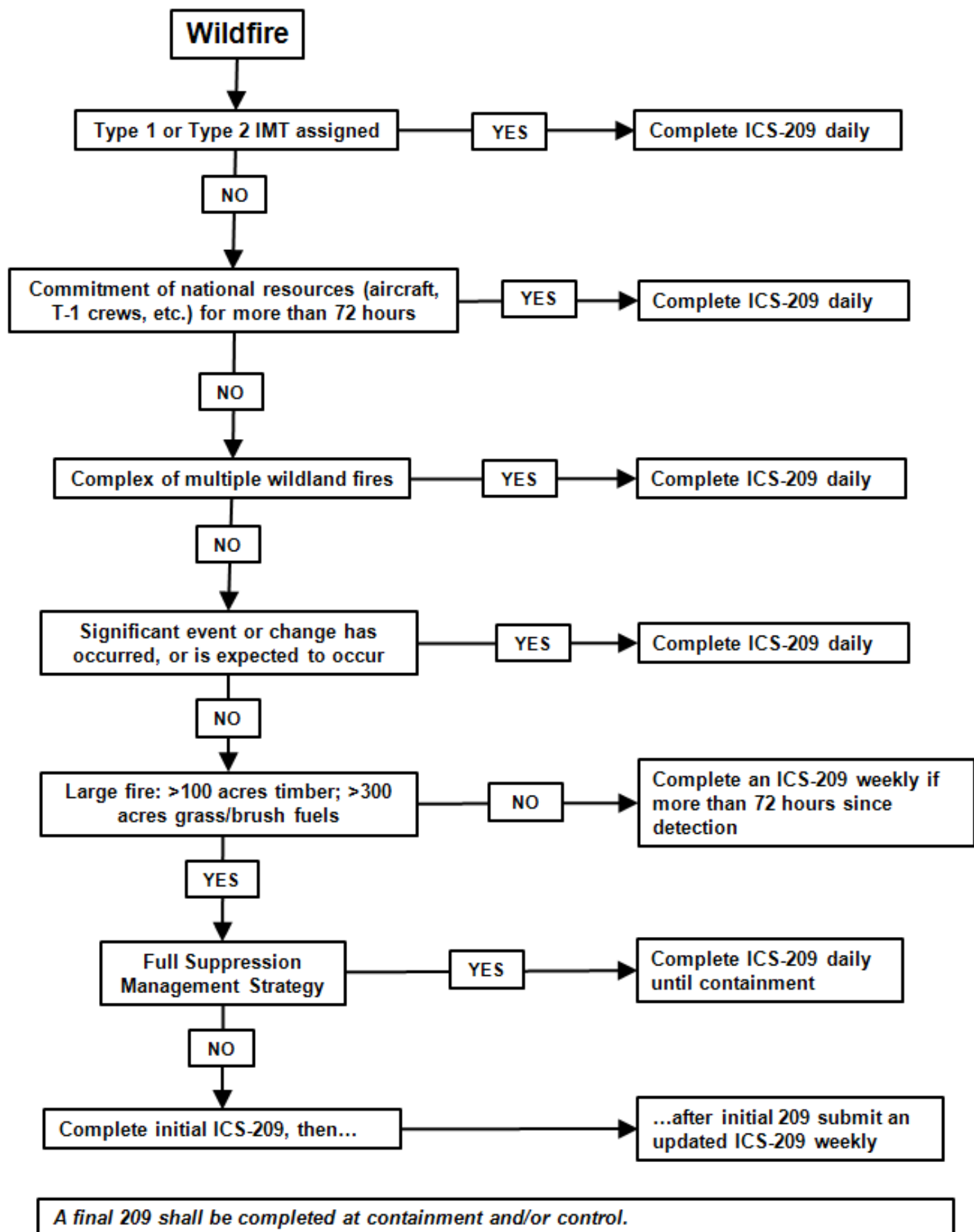
13. The Fire Weather Forecaster will Furnish the Information for Block 13
 13. Discussion & Outlook: _____ Date & Time: _____

Burn Period	Sky Cover	Temperature	Humidity	Wind		Indices
				Eye Level	20 Foot	
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon to dusk) <input type="checkbox"/> This Evening (1600 to dusk) <input type="checkbox"/> Tonight (sunset to sunrise)	<input type="checkbox"/> Mostly Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable	°F _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	Haines: LAL: ERC: CWR:
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon to dusk) <input type="checkbox"/> This Evening (1600 to dusk) <input type="checkbox"/> Tonight (sunset to sunrise)	<input type="checkbox"/> Mostly Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable	°F _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	Haines: LAL: ERC: CWR:
Outlook for (Date:) _____	<input type="checkbox"/> Mostly Sunny <input type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable	°F _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction _____ Vel. _____ MPH Gusts _____ MPH	Haines: LAL: ERC: CWR:

Name of Weather Forecaster: _____ Fire Weather Office Issuing Forecast: _____

14. Forecast Received (Name): _____ Date: _____ Time: _____ Forecast Received at (Location) Via: _____

When to Report Wildland Fire Incidents with an ICS-209



*** Required fields for an ICS-209**

INCIDENT STATUS SUMMARY (NIMS ICS 209)

*1. Incident Name:		2. Incident Number:		
*3. Report Version (check one box on left): <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization:	5. Incident Management Organization:	*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____	
7. Current Incident Size or Area Involved (use unit label – e.g., “sq mi,” “city block”):	8. Percent (%) Contained or Completed (circle one):	*9. Incident Definition:	10. Incident Complexity Level:	*11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		*13. Date/Time Submitted: Time Zone:	
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____		*15. Primary Location, Organization, or Agency Sent To:	

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:	
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):	
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):	
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:	
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):			

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	G. Other Minor Structures			

Additional Incident Decision Support Information

*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing <i>(note if estimated)</i>			G. Missing		
H. Evacuated <i>(note if estimated)</i>			H.		
I. Sheltering in Place <i>(note if estimated)</i>			I. Sheltering in Place		
J. In Temporary Shelters <i>(note if est.)</i>			J.		
K. Have Received Mass Immunizations			K. Have Received Immunizations		
L. Require Immunizations <i>(note if est.)</i>			L. Require Immunizations		
M. In Quarantine			M. In Quarantine		
<i>N. Total# Civilians (Public) Affected:</i>			<i>N. Total# Responders Affected:</i>		
33. Life, Safety, and Health Status/Threat Remarks:			*34. Life, Safety, and Health Threat Management:	A. Check if Active	B. Notes
			C. No Likely Threat		
			D. Potential Future Threat		
			E. Mass Notifications in Progress		
			F. Mass Notifications Completed		
			G. No Evacuation(s) Imminent		
			H. Planning for Evacuation		
			I. Planning for Shelter-in-Place		
			J. Evacuation(s) in Progress		
			K. Shelter-in-Place in Progress		
			L. Repopulation in Progress		
			M. Mass Immunization in Progress		
			N. Mass Immunization Complete		
			O. Quarantine in Progress		
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):					

AFTER ACTION REVIEW

INCIDENT NAME:	IC:
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DATE:	TIME:	COMPLEXITY:
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ATTENDEES:

The purpose of this After Action Review is to evaluate decisions, actions, and how well they worked. Were they within Standard Operating Procedure and policy?

What was planned?

- Objectives

- Strategy/Tactics

What actually happened?

- What was effective/non-effective?

- What barriers were encountered and how were they mitigated?

- What actions were not standard?

- Were there safety problems?

Why did it happen?

- What were the reasons for ineffective or unsafe performance?

What can be done next time?

- Determine to apply lessons learned in the future.

Is there need to file a SAFENET?

AAR Leader Signature:	Date:
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Reviewed By:	Date:
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MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
<p>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</p> <p>FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</p>					
<p>Use the following items to communicate situation to communications/dispatch.</p>					
<p>1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i></p> <p>2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."</i></p>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury			<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>		
Transport Request			<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>		
Patient Location			<i>Descriptive Location & Lat. / Long. (WGS84)</i>		
Incident Name			<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>		
On-Scene Incident Commander			<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>		
Patient Care			<i>Name of Care Provider (Ex: EMT Smith)</i>		
<p>3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)</p>					
<p>Patient Assessment: See IRPG page 106</p>					
<p>Treatment:</p>					
<p>4. TRANSPORT PLAN:</p>					
<p>Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:</p>					
<p>Helispot / Extraction Site Size and Hazards:</p>					
<p>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</p>					
<p><i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication</i></p>					
<p>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</p>					
Function	Channel Name/Number	Receive (RX)	Tone/NAC ⁺	Transmit (TX)	Tone/NAC ⁺
COMMAND					
AIR-TO-GRND					
TACTICAL					
<p>7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.</p>					
<p>8. ADDITIONAL INFORMATION: Updates/Changes, etc.</p>					
<p>REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.</p>					