

W&RFA Report

STEP 1: Stop & See

Scene Safety & MOI

Date: _____ Time Started: _____

Step 2: Find & Fix

- Conscious _____
- Airway _____
- Breathing _____
- Circulation _____
- Disability _____
- Environment and Expose _____

Step 3: Assess & Ask

- AVPU _____
- Signs & Symptoms _____
- Allergies _____
- Medications _____
- Pertinent Medical History _____
- Last Intake / Output _____
- Events Leading Up _____

- Deformity, Open wound, Tenderness, Swelling _____
- Head/Neck _____
- Chest _____
- Abdomen _____
- Pelvis _____
- Legs/Arms _____
- Back _____
- Injured or Ill Person's Name _____

Completed by: _____ Level of training: _____

First Aid Provided (time, action, response)

W&RFA Rescue Request

Step 5: Evacuation Evaluation

Time of incident: _____ am/pm

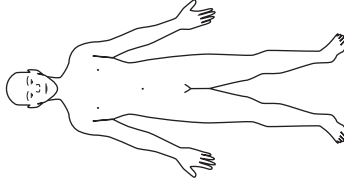
Date of incident: _____

Nature of Incident (MOI): (circle all that apply)

- Fall Illness Cold Burn Allergy MVA Bite or Sting

Other _____

Brief Description of Incident _____



Injuries _____ First Aid Provided _____

Vital Signs	Initial	2nd	Last
Time			
AVPU			
Breathing			
Pulse			
Skin			
Injured or Ill Person's Address			
Age			
Completed by:		Level of training:	
Continue Reverse Side Step 4			
Notify (name and phone number):			
Relationship:			

W&RFA Rescue Request

Step 4: Assess & Ask

Exact location (include map if possible):	Time	L.O.C. AVPU	Breaths		Pulse		CSM	Pupils	Skin
			Rate	Character	Rate	Character			
Area description:									
Terrain:									
On site plans:									
<input type="checkbox"/> Will stay put									
<input type="checkbox"/> Will evacuate to: _____									
Can stay overnight: Yes or No									
On-site equipment:									

Step 6: Working Wisely Plan (based on subjective, objective, informed assessment)

Evacuation needed for:	
Equipment needed:	
Party members remaining:	
Name	Notify/Phone