WFA Report

Step 1: Scene Safety

Date: _____Time Started:_____

Step 2: Primary Assessment

Responsiveness **A**sk **P**osition

Airway

Breathing

Circulation

Disability

Environment/**E**xposure

Step 3: Secondary Assessment: Physical Exam

Deformity, **O**pen wounds, **T**enderness, **S**welling

Head/Neck

Chest

Abdomen

Pelvis

Legs

Arms

Back

Sample History: **Check for Medical ID tag**

Symptoms

Allergies

Medications

Pertinent History

Last intake & output

Events leading up

Initial Vitals: Breathing: Pulse: Skin:

AVPU: **A**lert **V**oice **P**ain **U**nresponsive

Step 4: Continue on reverse side

Victims Name: Age:

First Aid Provided (time, action, response)

Completed by:

WFA Rescue Request

Time of incident: _____am/pm Date:_____

Mechanism of Injury: (circle all that apply)

Fall Illness Cold Burn Allergy Bite Sting

Crash Other:_____

Brief Description of Incident:

Injuries:

First Aid Provided:

Vital Signs	Initial	2nd	3rd
Time			
AVPU			
Breathing			
Pulse			
Skin			

Victim's Name: _____

Address: _____

Notify (Name & #): _____

_____

Relationship: _____

WFA Rescue Request (cont.)

Exact location (include map if possible):

Area Description:

Terrain:

On Site Plans:

☐ **Will stay put**

☐ **Will evacuate to:**_____

Can stay overnight: Yes or No

On-site equipment:

Evacuation needed for:

Equipment needed:

Party members remaining:

Name: **Notify / Phone:**

Step 4: Ongoing Re-assessments & Documentation:

Time	A V P U	Breath Rate/Char - acter Normal 12-20	Pulse Norm: 60-100	Extremity **C**irculation, **S**ensation, **M**ovement	Pupils **E**qual or **U**nequal	Skin

Time	Ongoing Documentation: