

W&RFA PCR

W&RFA Rescue Request

STEP 1: Stop & See

Scene Safety & MOI

Date: _____ Time Started: _____

Step 2: Find & Fix

Conscious

Airway

Breathing

Circulation

Disability

Environmental

Step 3: Assess & Ask

AVPU

Signs & Symptoms

Allergies

Medications

Pertinent Medical History

Last Intake / out take

Events leading up

Deformity, Open wound, Tenderness, Swelling

Head/Neck

Chest

Abdomen

Pelvis

Legs/ Arms

Back

Victim's Name

Age

Completed by:

Level of training:

Fist Aid Provided (time, action, response)

Step 5: Evacuation Evaluation

Time of incident: _____ am/pm

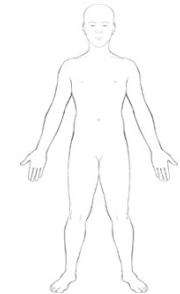
Date of incident: _____

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					

Victim's Name(s)

Address

Notify (name & #)

Relationship

Continue Reverse side Step 4

