

SEARCH & RESCUE FORM

Location _____ Date _____ Time _____

Damage: Utilities Checked _____ Fire / Location _____
Light _____ Safety equipment on _____
Medium _____ lights, Radio's, Pry bars, cribbing on site _____
Heavy _____

Team Leader/IC _____ Team Assignments:
Team Members:

_____ Room/ building size up

_____ Room/ building size up

_____ Triage

_____ Triage

_____ Fire Attack

_____ Fire Attack

_____ Triage Back up

_____ Triage Back up

_____ Medical

_____ Medical

Estimated number of victims and possible location _____

Number of victims rescued and were they were sent _____

Remarks: _____
