FIRST AID/ACCIDENT REPORT FORM

START HERE_____FINDINGS_____FIRST AID GIVEN____

Airway, Breathing, Circulation
Initial Rapid Check
(Chest Wounds, Severe Bleeding)

ASK WHAT HAPPENED:

ASK WHERE IT HURTS:

TAKE PULSE & RESPIRATIONS	PULSE	RESPIRATIONS

HEAD - to - TOE EXAMINATION

HEAD: Scalp -- Wounds
Ears, Nose -- Fluids
Eyes -- Pupils
Jaw -- Stability
Mouth -- Wounds

NECK: Wounds, Deformity

CHEST: Movement, Symmetry

ABDOMEN: Wounds, Rigidity

PELVIS: Stability

EXTREMITIES: Wounds, Deformity
Sensations & Movement
Pulses Below Injury

BACK: Wounds, Deformity

SKIN: Color
Temperature
Moistness

STATE OF CONSCIOUSNESS

PAIN (Location)

LOOK FOR MEDICAL ID TAG

ALLERGIES

VICTIM'S NAME AGE

COMPLETED BY DATE TIME

TEAR HERE – KEEP THIS SECTION WITH THE VICTIM

DETACH HERE – SEND OUT WITH REQUEST FOR AID

RESCUE REQUEST

Fill Out One Form Per Victim

TIME OF INCIDENT AM PM	**DATE**

NATURE OF INCIDENT
FALL ON ☐ ROCK ☐ SNOW ☐ FALLING ROCK
☐ CREVASSE ☐ AVALANCHE
☐ ILLNESS EXCESSIVE ☐ HEAT ☐ COLD

BRIEF DESCRIPTION OF INCIDENT

INJURIES (List Most Severe First)	**FIRST AID GIVEN**
SKIN TEMP./COLOR:	
STATE OF CONSCIOUSNESS:	
PAIN (Location)	

RECORD:

Time	**Initial**				**When leave scene**
Pulse					
Respiration					

VICTIM'S NAME **AGE**

ADDRESS

NOTIFY (Name)

RELATIONSHIP **PHONE**

OTHER COMMENTS:

SIDE 2 RESCUE REQUEST

EXACT LOCATION (Include Marked Map If Possible)
QUADRANGLE: SECTION:
AREA DESCRIPTION:

TERRAIN: ☐ GLACIER ☐ SNOW ☐ ROCK
☐ BRUSH ☐ TIMBER ☐ TRAIL
☐ FLAT ☐ MODERATE ☐ STEEP
☐ OTHER: (Describe)

ON SITE PLANS:
☐ Will Stay Put
☐ Will EvacuateTo_____
Can Stay Overnight Safely ☐ Yes ☐ No
On Site Equipment: ☐ Tent ☐ Sleeping Bags ☐ Ground Insulation
☐ Flares ☐ Saw ☐ Hardware
☐ Ropes ☐ Stoves ☐ Fuel
☐
Other:_____

LOCAL WEATHER

SUGGESTED EVACUATION ☐ Carry-Out ☐ Helicopter
☐ Lowering ☐ Raising

EQUIPMENT NEEDED: ☐ Rigid Litter ☐ Food
☐ Water ☐ Other_____

PARTY MEMBERS REMAINING (Indicate Numbers)
____Scrambling Students ____Basic Students ____Basic Grads
____Intermediate Students ____Intermediate Grads ____Others

ATTACH THE PRE-TRIP LIST OF PARTY MEMBERS, including names, addresses and phone numbers. Update the list to accurately reflect party membership and persons to notify in case of delays.
PARTY LEADERS:

NAMES OF MESSENGERS SENT FOR HELP

WHOM TO NOTIFY TO INITIATE THE RESCUE:
IN NATIONAL PARK: Notify the Park Ranger
OUTSIDE NATIONAL PARK: Sheriff/County Police (Call 911)
IN CANADA: RCMP

After the rescue has been initiated, contact a club official by dialing The Mountaineers Emergency Phone at **206-335-0566**. After leaving your name *and the number where you are calling from*, wait for the return call. In most cases this will be within 5 minutes. In the unlikely event that the pager is out of service, contact the following:

206-335-0566
EMERGENCY PHONE

Steve Costie, Executive Director, 206-527-3396

VITAL SIGNS RECORD

Record TIME	BREATHS		PULSE		PULSES BELOW INJUIRY	PUPILS	SKIN	STATE OF CON-SCIOUS-NESS	OTHER
	Rate	Character	Rate	Character					
		Deep Shallow Noisy Labored		Strong Weak Regular Irregular	Strong Weak Absent	Equal size React to Light Round	Color Temp. Moistness	Alert Confused Unrespon-sive	Pain Anxiety Thirst Etc.

Other Observations: