# FIRST AID/ACCIDENT REPORT FORM

## FINDINGS

### Airway, Breathing, Circulation

- **Initial Rapid Check**
  - Chest Wounds, Severe Bleeding

#### ASK WHAT HAPPENED:

#### ASK WHERE IT HURTS:

#### ALLERGIES:

#### TAKE PULSE & RESPIRATIONS

<table>
<thead>
<tr>
<th>SKIN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Temperature</td>
<td>Moistness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PUPILS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular in size</td>
<td>Equally reactive</td>
<td></td>
</tr>
</tbody>
</table>

#### STATE OF CONSCIOUSNESS

<table>
<thead>
<tr>
<th>HEAD</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp -- Wounds</td>
<td>Ears, Nose -- Fluids</td>
<td>Jaw -- Stability</td>
</tr>
<tr>
<td>Mouth -- Wounds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NECK</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds, Deformity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHEST</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement, Symmetry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABDOMEN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds, Rigidity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PELVIS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXTREMITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds, Deformity</td>
<td>Sensations &amp; Movement</td>
<td>Pulses Below Injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BACK</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounds, Deformity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAIN (Location)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### SKIN TEMP/COLOR:

- PUPILS: Regular in size
  - Equally reactive

### STATE OF CONSCIOUSNESS:

### PAIN (Location)

### INJURIES (List Most Severe First)

### FIRST AID GIVEN

### TIME OF INCIDENT

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>DATE</th>
</tr>
</thead>
</table>

### NATURE OF INCIDENT

- EXCESSIVE  [ ] HEAT  [ ] COLD
- FALL ON  [ ] ROCK  [ ] SNOW  [ ] CREVASSE  [ ] AVALANCHE
- FALLING ROCK  [ ] ILLNESS

### BRIEF DESCRIPTION OF INCIDENT

### INJURIES FIRST AID GIVEN (List Most Severe First)

### SKIN TEMP/COLOR:

- PUPILS: Regular in size
  - Equally reactive

### STATE OF CONSCIOUSNESS:

### PAIN (Location)

### RECORD:

- Time
- Initial
- When leave scene

- Pulse
- Respiration

### VICTIM'S NAME

### ADDRESS

### NOTIFY (Name)

### RELATIONSHIP

### PHONE

### OTHER COMMENTS:

---

### RESEARCH REQUEST

Fill Out One Form Per Victim

### TIME OF INCIDENT

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>DATE</th>
</tr>
</thead>
</table>

### NATURE OF INCIDENT

- EXCESSIVE  [ ] HEAT  [ ] COLD
- FALL ON  [ ] ROCK  [ ] SNOW  [ ] CREVASSE  [ ] AVALANCHE
- FALLING ROCK  [ ] ILLNESS

### BRIEF DESCRIPTION OF INCIDENT

### INJURIES FIRST AID GIVEN (List Most Severe First)

### SKIN TEMP/COLOR:

- PUPILS: Regular in size
  - Equally reactive

### STATE OF CONSCIOUSNESS:

### PAIN (Location)

### RECORD:

- Time
- Initial
- When leave scene

- Pulse
- Respiration

### VICTIM'S NAME

### ADDRESS

### NOTIFY (Name)

### RELATIONSHIP

### PHONE

### OTHER COMMENTS:

---

### LOOK FOR MEDICAL ID TAG

### VICTIM'S NAME

### AGE

### COMPLETED BY

### DATE

### TIME
**SIDE 2 RESCUE REQUEST**

**EXACT LOCATION** (Include Marked Map if possible)

**QUADRANGLE:**

**SECTION:**

<table>
<thead>
<tr>
<th>TERRAIN:</th>
<th>GLACIER</th>
<th>SNOW</th>
<th>ROCK</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUSH</td>
<td>TIMBER</td>
<td>TRAIL</td>
<td></td>
</tr>
<tr>
<td>FLAT</td>
<td>MODERATE</td>
<td>STEEP</td>
<td></td>
</tr>
</tbody>
</table>

**ON SITE PLANS:**

- [ ] Will Stay Put
- [ ] Will Evacuate To

- Can Stay Overnight Safely [ ] Yes [ ] No

**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

**VITAL SIGNS RECORD**

<table>
<thead>
<tr>
<th>Record Time</th>
<th>BREATHS</th>
<th>PULSE</th>
<th>PULSES BELOW INJURY</th>
<th>PUPILS</th>
<th>SKIN</th>
<th>STATE OF CONSCIOUSNESS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Character</td>
<td>Rate</td>
<td>Character</td>
<td>Deep Shallow Noisy</td>
<td>Strong Weak</td>
<td>Regular Irregular</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Labored</td>
<td>Weak</td>
<td></td>
</tr>
</tbody>
</table>

**On Site Equipment:**

- Tent
- Sleeping Bags
- Ground Insulation
- Flares
- Saw
- Hardware
- Ropes
- Stoves
- Fuel
- Other:

**Cell Phone:**

**Other Observations:**

**After initiating a rescue, call The Mountaineers emergency line**

206-521-6030

This will bring the services of the Mountaineers organization to bear. The club representative can provide advice on managing through the incident, notify emergency contacts and relevant committee/club leadership, and serve as spokesperson for external organizations such as the media.

**Rev. 5/09**