AIRCRAFT DISPATCH

INCIDENT NAME:	**DATE:**	**TIME:**	**SUNSET+30**

INCIDENT ORDER #:	**CHARGE CODE:**

DESCRIPTIVE LOCATION:	**ELEVATION:**

LATITUDE (Degrees, Decimal Minutes):	**LONGITUDE (Degrees, Decimal Minutes):**

BEARING (DEG):	**DISTANCE (NM):**	**FROM:**

INITIAL POINT (IP) DESCRIPTIVE LOCATION (Optional):

IP LATITUDE:	**IP LONGITUDE:**

FLIGHT FOLLOW:	**F/F FREQUENCY:**	**TONE:**
AIR CONTACT:	**A/A FREQUENCY:**	**TONE:**
GROUND CONTACT:	**A/G FREQUENCY:**	**TONE:**

HAZARDS:

OTHER AIRCRAFT:

RELOAD BASE(S):

MEDICAL INCIDENT REPORT (9-LINE)

As Found In The Current IRPG (Page 108 & 109)

1. Contact Communications/Dispatch with Medical Emergency.

2. Incident Status: Provide incident summary & commd structure.

Nature of Injury/Illness:_____

Incident Name:_____

IC:_____

Care provider name/*EMS QUAL*:_____

3. Initial Patient Assessment:

Number of Patients:_____ Male/Female Age:_____ Weight:_____

Conscious? Y [ ] N [ ] No = Medivac

Breathing? Y [ ] N [ ] No = Medivac

Mechanism of Injury?_____

Lat:_____ Long:_____

4. Severity of Emergency – Transport Priority

[ ] **URGENT – RED** – Life threatening injury or illness.

[ ] **PRIORITY – YELLOW** – Serious injury or illness.

[ ] **ROUTINE – GREEN** – Not a life threatening injury or illness.

5. Transport Plan:

Air Transport:

[ ] Helispot [ ] Short-haul/Hoist [ ] Life Flight [ ] Other_____

Ground Transport:

[ ] Self-Extract [ ] Carry-Out [ ] Ambulance [ ] Other_____

6. Additional Resource/Equipment:

[ ]Paramedic/EMT(s)   [ ] Crew(s)   [ ] SKED/Backboard/C-Collar

[ ] Burn Sheet(s)   [ ] Oxygen   [ ] Trauma Bag

[ ] Medications(s)   [ ] IV/Fluid(s)   [ ] Cardiac Monitor/AED

[ ] Other: _____

7. Communications:

Command: RX_____ tone_____ TX_____ tone_____

Air-TO-Ground: RX_____ tone_____ TX_____ tone_____

Tactical: RX_____ tone_____ TX _____ tone_____

8. Evacuation Location:

Patients ETA to Evac Location:_____

Helispot/Extraction Size & Hazards:_____

9.

Contingency:_____

_____

_____

FOREST EMPLOYEE / COOPERATOR EMPLOYEE

PLEASE HAVE THE INFORMATION FROM THE MEDICAL 9 LINE AVAILABLE FOR APPROVAL!

1. Is this request for response to a Life Emergency? [ ] YES [ ] NO

2. Has an AIR AMBULANCE been ordered? [ ] YES [ ] NO

3. Has a GROUND AMBULANCE been ordered? [ ] YES [ ] NO

CONTACT FOREST DUTY OFFICER OR FOREST AVIATION OFFICER FOR APPROVAL!

SHERIFF'S OFFICE REQUEST for PUBLIC PATIENT

PLEASE HAVE THE INFORMATION FROM THE MEDICAL 9 LINE AVAILABLE FOR APPROVAL!

1. Is this request for response to a Life Emergency? [ ] YES [ ] NO

2. Are we providing a skill and/or resource that is readily available from another venue? [ ] YES [ ] NO

3. Can this request be satisfied within one operational period? [ ] YES [ ] NO

4. Are the personnel resources you need limited to the Helitack crew? [ ] YES [ ] NO

5. Has an AIR AMBULANCE been ordered? [ ] YES [ ] NO

6. Has a GROUND AMBULANCE been ordered? [ ] YES [ ] NO

CONTACT FOREST DUTY OFFICER OR FOREST AVIATION OFFICER FOR APPROVAL!

Note: This may take some time, further approvals have to be obtained from a higher level of Forest Management.

Forest Supervisor Approval [ ] YES   [ ] NO