

ROCO'S REAL-RESCUE REPORT

RESPONDING DEPT. OR AGENCY

PERSON SUBMITTING REPORT

RESPONDING DEPT/AGENCY:

NAME:

CONTACT'S NAME & TITLE:

TITLE:

ADDRESS:

PHONE:

CITY/STATE/ZIP:

EMAIL:

NAMES OF RESCUERS:

INCIDENT INFORMATION

DATE OF INCIDENT:

POSSIBLE CAUSE OF INCIDENT/INJURY:

TIME OF INCIDENT: ___ A.M. ___ P.M.

TOTAL RESCUE TIME: (TEAM ARRIVAL TO VICTIM EVACUATION)

LOCATION OF INCIDENT:

BRIEFLY DESCRIBE INJURIES TO PATIENT(S):

SPECIAL CHALLENGES, WEATHER CONDITIONS, ETC.:

REASON FOR VICTIM BEING ON SITE: (WORK, INSPECTION, UNAUTHORIZED, ETC.)

TYPE OF INCIDENT: ___ CONFINED SPACE ___ ELEVATED ___ BELOW GRADE ___ OTHER:

TECHNIQUES USED:

- THIRD-MAN PICK-OFF
- LINE TRANSFER
- HARNESS LOWER
- SINGLE-LINE VERTICAL LITTER/SKED LOWER
- SINGLE-LINE HORZ. LITTER/SKED LOWER
- DOUBLE-LINE LITTER LOWER
- DOUBLE-LINE LITTER LOWER W/ATTENDANT
- OTHER:

HORIZONTAL HAULING SYSTEM:

- Z-RIG (3:1)
- PIGGY-BACK (4:1)
- OTHER: _____

SIMPLE M/A HAULING-LOWERING:

- 3:1
- 4:1
- OTHER:

OTHER:

- COMPOUND M/A: _____
- TRAVERSE
- OTHER: (LIST BELOW)

Describe the incident below – or attach report, sketches, or photos.

I acknowledge that this information may be published on Roco's website as a learning tool for other rescuers.

SIGNATURE:

DATE:

Forms/Real Rescue Report