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:			Υ:
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 G	GRADEOTHER:	
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 OTHER:	Z-RIG PIGGY OTHER	Υ-BACK (4:1) R: /A Hauling-Lowering:	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			ol for other rescuers.
SIGNATURE:		DATE:	F (D. 1.D. D.
			Forms/Real Rescue Report