



**13-0104B – Control Facility MCI Evaluation Form**

**AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**PLEASE COMPLETE THE FOLLOWING FOR ALL MCI'S AND FULL-SCALE EXERCISES**

(Fax completed form to 530-229-3984 or email: mail@norcalems.org)

NAME OF CONTROL FACILITY	
NAME OF PERSON COMPLETING FORM	
TITLE	
PHONE	
EMAIL	

Incident Information:       Drill       Actual Incident:  
 Lassen County    Modoc County    Plumas County    Sierra County    Trinity County  
 Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_ Incident name: \_\_\_\_\_  
 First "MCI Alert" received from: \_\_\_\_\_ Initial alert time: \_\_\_\_\_  
 Incident location: \_\_\_\_\_

Number of Control Facility staff assigned to MCI: _____		
On scene/field contact (name and agency):		
Any issues encountered with "MCI Alert" and/or Incident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you given adequate information regarding the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was Patient Transportation Unit Leader identified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, name of Transportation Unit Leader and agency:		
Issues identified with communications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bed Polling done with EMResource?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any issues identified with bed polling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any issues identified within the Control Facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any issues identified with the Receiving Facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were Air Medical Resources utilized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the scene of the event formally clear?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Time Cleared:		
Number of and Types of patients		
Immediate ___ Delayed ___ Minor ___ Refused Care ___ Expectant ___ Deceased ___		
Were triage tag numbers entered into the patient's ED record for tracking purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If issues identified above, please provide narrative as well as any comments, suggestions or observations (attach additional documentation if needed):		