



13-0104D - Transportation Unit Leader 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)

Table with 2 columns: Field Name, Value. Fields include NAME OF TRANSPORTATION UNIT LEADER, 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: _____
Time Transportation Unit Leader First Established: _____
First "MCI Alert" received from: _____ Initial alert time: _____
Incident location: _____

Table with 2 columns: Question, Answer. Questions include Number of transportation ground resources assigned to MCI, Number of transportation air medical resources assigned to MCI, Were there adequate transportation resources available?, Name and agency of Medical Group Supervisor, Any issues encountered with Medical Group Supervisor?, Were you given adequate information regarding the event?, Any issues identified with communications?, Any issues identified with the Control Facility?, Any issues identified with the Receiving Facility?, Were triage tag numbers utilized?, Any issues encountered with MCI incident?

If issues identified above, please provide narrative as well as any comments, suggestions or observations (attach additional documentation if needed):