

ONTARIO MINE RESCUE PREPARED SINCE 1929

Location:				Time:
Name:				Date:
Load & G	o :	Y / N		
Treatmen	nt:			
Oxygen A				
SSR90 (Ch	emical Generate	d O 2)	Y / N	Time:
CareVent (Medical O2 Supplied)			Y / N	Time:
Vital Sign	s: (characte	ristic a	nd rate)	
	Pre-Care		Post-Care	Continual Care
Breathing	S/W/R		S/W/R	S/W/R
Pulse	S/W/R		S/W/R	S/W/R
	Vital Cha	racteristic:	(S)trong / (W)eak /	(R)egular
Normal Pulse	e: 60-80/min No	rmal Brea	thing: 10-20/min	ı (slow<10 fast>30)
Consciou	s / Semi-Con	scious	/ Unconscio	ous(circle one)
				,
Condition	s at Scene:			
CO:		ppm	02:	%
Smoke:	None	Light	Medium	Heavy
Other Info	o: (ie- other 🤉	gases/h	eat and hun	nidity)

	Injury Location	1		
Rt	Front	Lt	Symptoms	
			Allergies	
			Medications	
Tun		Two Taw	Past/present Med Hist	
	$\setminus \wedge /$		Last meal	
			Events leading to	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	
Lt	Back	Rt	Comments	