ONTARIO MINE RESCUE

PREPARED SINCE 1929

Location: _____ Time: _____

Name: _____ Date: _____

Load & Go: Y / N

Treatment: _____

Oxygen Applied:

SSR90 (Chemical Generated O2) Y / N Time: _____

CareVent (Medical O2 Supplied) Y / N Time: _____

Vital Signs: (rate and characteristic)

	Initial		Departure		Enroute	
Breathing	___	___	___	___	___	___
Pulse	___	___	___	___	___	___

Normal Pulse: 60-80/min Normal Breathing: 10-20/min (slow<10 fast>30)

Conscious / Semi-Conscious / Unconscious(circle one)

Conditions at Scene:

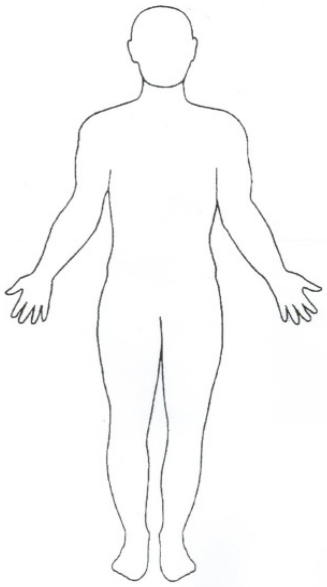
CO: _____ ppm O2: _____ %

Smoke: None Light Medium Heavy

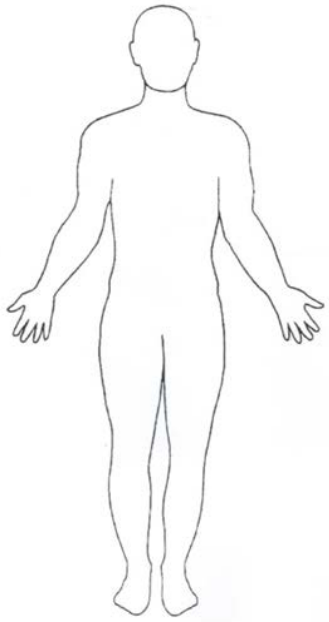
Other Info: (ie- other gases/heat and humidity) _____

Injury Location

Rt **Front** Lt



Lt **Back** Rt



Symptoms _____

Allergies _____

Medications _____

Past/present Med Hist _____

Last meal _____

Events leading to _____

Comments _____

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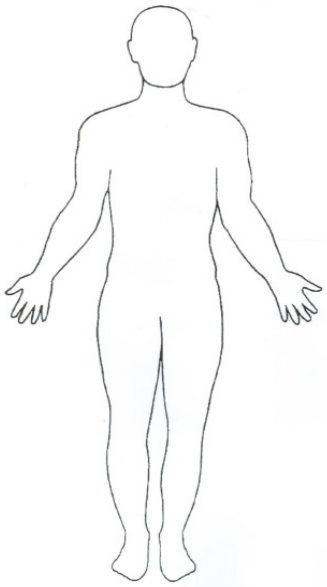

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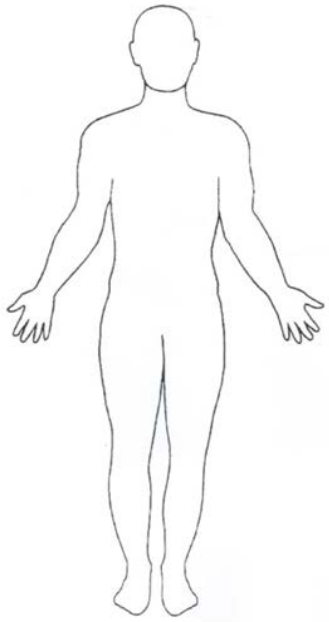

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