ONTARIO MINE RESCUE
PREPARED SINCE 1929

Location: _____ Time: _____

Name: _____ Date: _____

Load & Go: Y / N

Treatment: _____

Breathing Protection Applied:

MSA G1 (**Compressed Breathing Air**) Y / N Time: _____

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

Vital Signs: (characteristic **and 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 Characteristic: (S)trong / (W)eak / (R)egular

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

Conscious / Semi-Conscious / Unconscious(circle one)

Conditions at Scene:

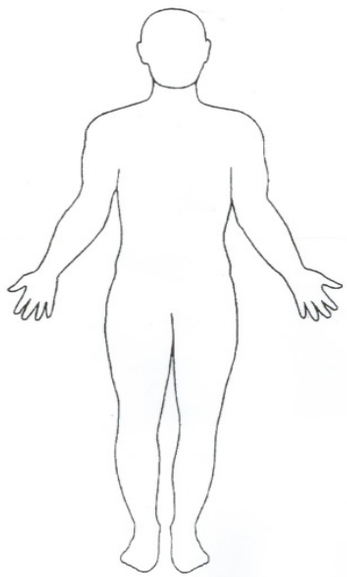
CO: _____ ppm O2: _____ %

Smoke: None Light Medium Heavy

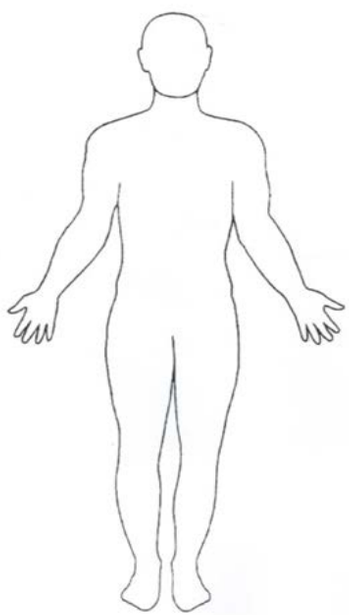
Other Info: (ie- other gases/heat and humidity) _____

Injury Location

Rt **Front** Lt



Lt **Back** Rt



Symptoms _____

Allergies _____

Medications _____

Past/present Med Hist _____

Last meal _____

Events leading to _____

Comments _____