Multi-Casualty Incident Medical Group Supervisor Summary/Evaluation Report

Initial MCI Demographic Information:

1. Incident Number, Date, and Time: _____
2. Incident Location: _____
3. Incident Commander:_____
4. Level of MCI Declared: _____
5. Medical Group Supervisor: _____
6. Time Call Received: _____
7. Public Safety Arrival Time: _____
8. Public Safety Agency: _____
9. Time MCI Declared: _____
10. Base Hospital: _____
11. Time Solano Dispatch Notified: _____

EMS MCI Response:

1. Estimated Number of Initial Victims: _____
2. Estimated Number of Victim's Triage Categories: I - _____; D - _____; M - _____.
3. Number and type of transport resources requested: _____
   _____
4. Incident Commend System (ICS) Utilized YES/NO; *if no please use a separate piece of paper to explain*
5. Initial Medical Group Supervisor: _____
6. Final Medical Group Supervisor: _____
7. Other Incident Command positions filled, if applicable, Provide Name and Agency:
   a. Triage Unit Leader - _____
   b. Treatment Unit Leader - _____
   c. Transportation Group Supervisor - _____
   d. Medical Supply Leader - _____
   e. Transportation Staging Manager - _____
   f. Helispot Manager - _____

Post MCI Evaluation:

Please explain "NO" answers on a separate page. Information will be used strictly for system improvement.

1. IC and/or Command Post easily identified by incoming ambulance personnel?
   ☐ Yes ☐ No
2. Adequate ambulance staging access, egress and area?
   ☐ Yes ☐ No
3. Ambulance personnel briefed upon arrival?
   ☐ Yes ☐ No
4. Patients triaged prior to movement?
   ☐ Yes ☐ No
5. START method of triage used?
   ☐ Yes ☐ No
6. Delays in patient transport?
   ☐ Yes ☐ No
7. Base Hospital Coordination adequate?
   ☐ Yes ☐ No
8. Were Cal-Fire Chiefs triage tags used?
   ☐ Yes ☐ No

Signature of Final Medical Group Supervisor: _____