

Emergency Incident "Rehab" Evaluation Report

INCIDENT #:

LOCATION of INCIDENT:

911 address

DATE:

TYPE of INCIDENT:

Fire, Accident, HazMat, Etc.

AIC:

Name	Sta #	Time In	Pulse	O2 Sat	Time	Pulse	O2 Sat	Ok/R/X	Time Out

For Heart Rate (Pulse) >120 or an Oxygen Saturation < 95 % further evaluation and documentation on NCEMS FORM 2.9.3 must be done.
 *"R" = RE-EVALUATION NEEDED, "Ok" = No further evaluation needed, "X" = Refused (report to Incident Commander)