



CHICAGO FIRE DEPARTMENT EMS TACTICAL WORKSHEET



DATE:		TIME:	LOCATION:				
TYPE:		STAGING:					
ASSIGNED UNITS			AMB	TRIAGE	HOSPITAL	DEPART	
RIT		P L A N		R ___ Y ___ G _____		<input type="checkbox"/>	
FC				R ___ Y ___ G _____		<input type="checkbox"/>	
COM VAN FC				R ___ Y ___ G _____		<input type="checkbox"/>	
TRIAGE				R ___ Y ___ G _____		<input type="checkbox"/>	
TREATMENT				R ___ Y ___ G _____		<input type="checkbox"/>	
EMS COMMAND				R ___ Y ___ G _____		<input type="checkbox"/>	
INCIDENT COMMAND				R ___ Y ___ G _____		<input type="checkbox"/>	
HIGHRISE INCIDENT				R ___ Y ___ G _____		<input type="checkbox"/>	
Lobby		P L A N		R ___ Y ___ G _____		<input type="checkbox"/>	
Support Floor				R ___ Y ___ G _____		<input type="checkbox"/>	
Fire Floor				R ___ Y ___ G _____		<input type="checkbox"/>	
Evacuation Stairway				R ___ Y ___ G _____		<input type="checkbox"/>	
ALS FIRE COMPANIES				R ___ Y ___ G _____		<input type="checkbox"/>	
				R ___ Y ___ G _____		<input type="checkbox"/>	
				R ___ Y ___ G _____		<input type="checkbox"/>	
ADDITIONAL		P L A N		R ___ Y ___ G _____		<input type="checkbox"/>	
MAX PTs PER AMB: 1R - 2Y - 4G					R ___ Y ___ G _____		<input type="checkbox"/>
SCENE SAFETY					R ___ Y ___ G _____		<input type="checkbox"/>
ANNOUNCE STAGING & RADIO CH					R ___ Y ___ G _____		<input type="checkbox"/>
GIVE UPDATES TO IC & COM VAN					R ___ Y ___ G _____		<input type="checkbox"/>
USE AN AMB TO ASSIST FC & VAN					R ___ Y ___ G _____		<input type="checkbox"/>
MAKE TELEMETRY CONTACT					R ___ Y ___ G _____		<input type="checkbox"/>
MASS CASUALTY & REHAB RIGS				R ___ Y ___ G _____		<input type="checkbox"/>	

ACCIDENT INVESTIGATION		AR #	RD #
POLICE BEAT #	BADGE #	Camera #	Photos By
NAME			

NOTES

Use Dry Erase, Grease Pencil
or Permanent Marker Only



800-424-8228