

<b>DAMAGE ASSESSMENT FORM</b>	CERT	DATE
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LOCATION

**SIZE UP**  
(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

**OBSERVATIONS**

Large empty area for recording observations.

CERT MEMBER	PAGE ____ OF ____
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PERSONNEL RESOURCES CHECK-IN		CERT						DATE		
CHECK IN TIME	CHECK OUT TIME	NAME	ID # (CERT badge or other)	CONTACT (cell # or radio)	PREFERRED ASSIGNMENT			SKILLS	TEAM ASSIGNMENT	TIME ASSIGNED
					FIRE	MEDICAL	SAR			
SCRIBE(S)								PAGE ____ OF ____		



QAC CERT FORM #2

<b>ASSIGNMENT TRACKING LOG</b>		CERT		DATE			
ASSIGNMENT		ASSIGNMENT		ASSIGNMENT		ASSIGNMENT	
LOCATION		LOCATION		LOCATION		LOCATION	
TEAM		TEAM		TEAM		TEAM	
TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #	
START TIME	END TIME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
OBJECTIVES		OBJECTIVES		OBJECTIVES		OBJECTIVES	
RESULTS		RESULTS		RESULTS		RESULTS	
CERT LEADER/ INCIDENT COMMANDER						PAGE ___ OF ___	
SCRIBE(S)							



QAC CERT FORM #3

<b>BRIEFING ASSIGNMENT</b>	CERT	DATE	
COMMAND POST CONTACT #		TIME OUT	TIME BACK

**INSTRUCTIONS TO TEAM**

TEAM NAME	LOCATION
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OBJECTIVES

EQUIPMENT ALLOCATED

**REPORT FROM RESPONSE TEAM**

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING



QAC CERT FORM #4

**TEAM ACTION LOG**  
(time stamp each action; draw map if needed)

SCRIBE



QAC CERT FORM #5

<b>VICTIM TREATMENT AREA RECORD</b>	CERT	DATE
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TREATMENT AREA LOCATION

TIME IN	NAME OR DESCRIPTION	TRIAGE TAG (circle)	CONDITION/TREATMENT (update as needed)	MOVED TO	TIME OUT
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

SCRIBE(S)

PAGE \_\_\_ OF \_\_\_



QAC CERT FORM #6



EQUIPMENT INVENTORY		CERT				DATE		
ASSET #	ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIALS	COMMENTS
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
SCRIBE(S)						PAGE ___ OF ___		



QAC CERT FORM #8



GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
<b>MESSAGE</b>		
SIGNATURE	POSITION	
<b>REPLY</b>		
DATE	TIME	SIGNATURE/POSITION



QAC CERT FORM #9

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
<b>MESSAGE</b>		
SIGNATURE	POSITION	
<b>REPLY</b>		
DATE	TIME	SIGNATURE/POSITION



QAC CERT FORM #9