



Control Facility (CF) MCI Critique Form (Policy Addendum 837-G)



Please Complete Following All MCI's And Full Scale Exercises

Send Completed Forms to the S-SV EMS Agency

Mail: 5995 Pacific Street, Rocklin, CA 95677, FAX: (916) 625-1720, or Email – John.Poland@ssvems.com

Reporting Entity Information:

Name of Control Facility (CF):	
Name/title of person completing this form:	
Phone number:	Email address:

Incident Information:

Real Event Drill

County:	Colusa	Butte	Nevada	Placer	Shasta	Siskiyou	Sutter	Tehama	Yuba
Incident date:	Incident time:		Incident name:						
Initial "MCI Alert" received from:					Initial alert time:				
Incident location:									
Number of CF staff dedicated to running the MCI:									
Issues with "MCI Alert":									
On scene/field contact (name & agency):									
Was Patient Transportation Unit Leader clearly identified?					Yes	No			
Issues with field contact communication:									
Polling completed by:		EMResource	Blast Phone	Other:					
Issues with polling:									
Was the scene formally cleared?			Yes	No	Time scene cleared:				
Number and Type of Patients									
Immediate:	Delayed:		Minor:		Refused:		Deceased:		
Were triage tag numbers entered in the patient's hospital chart for tracking purposes?							Yes	No	

Comments, Issues, Suggestions, and Observations (attach additional documentation if necessary):