



# Receiving Facility MCI Critique Form (Policy Addendum 837-H)



## Please Complete Following 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 receiving facility:	
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:			
Were you given enough information concerning the MCI?					Yes	No			
Issues with the "MCI Alert":									
Did the Control Facility (CF) provide adequate updates about the MCI?								Yes	No
Were you given the following information about your patients?									
Transport unit:	Yes	No	ETA:	Yes	No	Injury/illness:	Yes	No	
Were patient conditions consistent with triage category?					Yes	No			
Patient Tracking Information									
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):