

		TEAM: _____
		CAPTAIN: _____
		SCENARIO: _____
CAPTAIN'S DUTIES		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	DID CAPTAIN READ COMPLETE PROBLEM TO SQUAD MEMBERS ?
Y	N	DID CAPTAIN ACCOUNT FOR ALL TEAM MEMBERS BEFORE PROBLEM STARTED ?
Y	N	DID CAPTAIN STRESS NECESSITY OF WORKING SAFELY AT ALL TIMES ?
Y	N	DID CAPTAIN REQUEST AND RECEIVE RECONNAISSANCE OF AREA AT THE BEGINNING OF PROBLEM ?
Y	N	DID CAPTAIN DELEGATE DUTIES TO EACH TEAM MEMBER ?
Y	N	DID CAPTAIN REQUEST INFORMATION ON THE POTENTIAL CHEMICAL EXPOSURES AND REQUEST SDS
Y	N	DID CAPTAIN ASK ABOUT ANY HAZARDS IN TANK/ VESSEL/ AREA ?
Y	N	DID CAPTAIN ESTABLISH WIND DIRECTION ?
Y	N	DID CAPTAIN DISCUSS WITH THE TEAM: ESCAPE ROUTE OR MEANS OF EGRESS ?
Y	N	DID CAPTAIN DETERMINE IF AREA SECURE; APPROVAL FOR ENTRY INTO AREA OF EMERGENCY?
Y	N	DID CAPTAIN ASK FOR COMPANY OFFICIAL OR REPRESENTATIVE ?
Y	N	Did captain ask for additional resources?
Y	N	Did captain request ambulance or air transport?
Y	N	Was area marked searched by rescue team?
Y	N	DID CAPTAIN DETERMINE IF HAZARDS HAD BEEN MITIGATED AND ENSURE THE AREA WAS SAFE TO ENTER? OR DETERMINE PROPER PPE FOR RESPONDERS?
Y	N	DID CAPTAIN DETERMINE IF ALL POWER IS ISOLATED TO THE EQUIPMENT ?
Y	N	DID CAPTAIN ASK FOR GAS TEST IN VESSEL AND DETERMINE IF IT IS SAFE FOR ENTRY ?
Y	N	DID CAPTAIN GIVE CLEAR DIRECTION AND INSTRUCTIONS TO TEAM MEMBERS ?
Y	N	DID CAPTAIN MAINTAIN DISCIPLINE ?
Y	N	DID CAPTAIN ACCOUNT FOR ALL TEAM MEMBERS AFTER PROBLEM ?
Y	N	WAS RESCUE LOGS COMPLETE AND SUBMIT TO JUDGE?
Y	N	WAS ROPE LOG COMPLETED AND SUBMITTED TO JUDGE?
Y	N	DID CAPTAIN SUBMIT PATIENT TRIAGE STUB TO THE JUDGE?
Y	N	DID CAPTAIN REQUEST AND RECEIVE RECONNAISSANCE OF AREA AT THE END OF PROBLEM
Y	N	WERE ALL PATIENTS LOCATED AND CARED SAFELY CARED FOR?
Y	N	WERE ALL TECHNIQUES PERFORMED AS DICTATED IN SCENARIO?
Y	N	DID CAPTAIN CHECK ALL TEAM MEMBERS FOR INJURIES AT THE END OF PROBLEM ?
ANCHOR POINTS		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WERE ALL ANCHORS CHECKED FOR "STRUCTURAL SOUNDNESS" ?
Y	N	WAS A SAFE / SECURE ANCHOR USED FOR ANY / ALL LOAD LINES?
Y	N	WAS A SUITABLE ANCHOR SYSTEM USED FOR THIS PROBLEM ? 1). BOMB PROOF 2). LOAD SHARING 3). SELF EQUALIZING
Y	N	WAS A PROPER / SAFE ANCHOR TIE USED FOR THE MAIN LOAD LINE OR RAPPEL LINE ?
Y	N	WAS ANCHOR PROTECTED WITH CHAFE PADDING OR SUFFICIENT PROTECTION?
Y	N	WAS ANCHOR SYSTEM PROPERLY LOADED AT ALL TIMES WHILE UNDER LOAD?
Y	N	WAS A PROPER / SAFE ANCHOR TIE USED FOR THE SAFETY/BELAY LINE?
Y	N	WAS A TWO MAN LOAD TEST PERFORMED ON ALL ANCHORS?
EQUIPMENT CARE		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS ALL EQUIPMENT CHECKED BEFORE PROBLEM ?
Y	N	WAS ALL EQUIPMENT RAISED SAFELY AND WITH CARE ?
Y	N	WAS ALL EQUIPMENT LOWERED SAFELY AND WITH CARE ?
Y	N	WAS ALL EQUIPMENT RETURNED TO CLOSE OUT LOCATION AND READY FOR REUSE ?
Y	N	WAS ALL EQUIPMENT PROPERLY CARED FOR ? (STEPPED ON, DROPPED, NOT CARRIED PROPERLY, BANGED, ETC.)
Y	N	WAS ALL EQUIPMENT INSPECTED FOR REUSE AT THE END OF SCENARIO?

LOWERING SYSTEM/RAPPEL- RESCUER(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS A LOWERING SYSTEM/RAPPEL USED CORRECT/SAFELY TO DESCEND?
Y	N	WAS THE LOWERING SYSTEM/RAPPEL IDENTIFIED IN THE SCENARIO USED? (YES IF NOT SPECIFIED)
Y	N	WERE PROPER ATTACHMENTS OF MAIN LINE SAFELY ATTACHED TO RESCUER(S)?
Y	N	WERE PROPER ATTACHMENTS OF SAFETY/BELAY SAFELY ATTACHED TO REESCUER(S)?
Y	N	DID TEAM LEADER/RESCUER(S) USE CLEAR AND PROPER COMMANDS AS APPROPRIATE? (BELAY ON, RESCUER ON, BELAY OFF, ON RAPPEL, OFF RAPPEL)
Y	N	DID TEAM ACT TO THE COMMANDS AS TEAM LEADER DIRECTED?
Y	N	DID THE RESCUER(S) SAFELY TRANSITION TO LOAD THE SYSTEM?
Y	N	WERE ALL ATTACHMENT POINTS ATTACHED USING A KNOT(S) THAT WERE SAFE/EFFECTIVE?
Y	N	WAS ALL EQUIPMENT USED AS DESIGNED AND IN A SAFE MANNER?
Y	N	WERE ALL ANCHORS SECURELY ATTACHED AND NOT ALLOWED TO SLIP DURING THE LOWERING / RAPPEL OPERATION?
Y	N	WAS LOWERING / RAPPEL SYSTEM BUILT WITHOUT NEEDING ASSISTANCE OR DIRECTION FROM ANOTHER TEAM MEMBER?
Y	N	WERE ALL CARABINERS OBSERVED TO ENSURE NOT TO SIDE LOAD?
Y	N	WERE ALL CARABINERS CLOSED AND LOCKED?
Y	N	WERE ALL CAMS (CAM ASCENDERS AND PRUSIKS) INSTALLED / USED PROPERLY?
Y	N	DID LOWERING SYSTEM /RAPPEL RUN SMOOTHLY DURING LOWER?
Y	N	DID LOWERING/RAPPEL ROPE RUN CLEAR OF ANY OBSTRUCTION THAT HAD POTENTIAL TO DAMAGE ROPE?
Y	N	WAS RESCUER(S) LOWERED /RAPPEL SMOOTHLY AND SAFELY?
Y	N	WAS LOWERING SYSTEM /RAPPEL SAFETY CHECK PERFORMED?
Y	N	WAS HAND RAIL / ROOF EDGE / ETC. PADDED WHERE ROPE PASSED OVER?
Y	N	WAS LOWERING SYSTEM /RAPPEL BROKEDOWN DONE UNDER THE DIRECTION OF THE TEAM LEADER?
LOWERING SYSTEM- PATIENT(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS A LOWERING SYSTEM USED CORRECT/SAFELY TO LOWER THE PATIENT?
Y	N	WAS THE LOWERING SYSTEM IDENTIFIED IN THE SCENARIO USED? (YES IF NOT SPECIFIED)
Y	N	WERE PROPER ATTACHMENTS OF MAIN LINE SAFELY ATTACHED TO PATIENT/STOKES?
Y	N	WERE PROPER ATTACHMENTS OF SAFETY/BELAY SAFELY ATTACHED TO PATIENT/STOKES?
Y	N	DID TEAM LEADER USE CLEAR AND PROPER COMMANDS AS APPROPRIATE?
Y	N	DID TEAM ACT TO THE COMMANDS AS TEAM LEADER DIRECTED?
Y	N	WAS THE PATIENT SECURED/POSITIONED IN A PROPER POSITION?
Y	N	WERE ALL ATTACHMENT POINT ATTCHED USING A KNOT/KNOTS THAT WERE SAFE/EFFECTIVE?
Y	N	WAS ALL EQUIPMENT USED AS DESIGNED AND IN A SAFE MANNER?
Y	N	WERE ALL ANCHORS SECURELY ATTACHED AND NOT ALLOWED TO SLIP DURING THE LOWERING OPERATION?
Y	N	WAS LOWERING SYSTEM BUILT WITHOUT NEEDING ASSISTANCE OR DIRECTION FROM ANOTHER TEAM MEMBER?
Y	N	WERE ALL CARABINERS OBSERVED TO ENSURE NOT TO SIDE LOAD?
Y	N	WERE ALL CARABINERS CLOSED AND LOCKED?
Y	N	WERE ALL CAMS (CAM ASCENDERS AND PRUSIKS) INSTALLED / USED PROPERLY?
Y	N	DID LOWERING SYSTEM RUN SMOOTHLY DURING LOWER?
Y	N	DID LOWERING ROPE RUN CLEAR OF ANY OBSTRUCTION THAT HAD POTENTIAL TO DAMAGE ROPE?
Y	N	WAS PATIENT LOWERED SMOOTHLY AND CARE USED TO PROTECT PATIENT?
Y	N	WAS LOWERING SYSTEM SAFETY CHECK PERFORMED?
Y	N	WAS HAND RAIL / ROOF EDGE / ETC. PADDED WHERE ROPE PASSED OVER?
Y	N	WAS LOWERING SYSTEM BROKEDOWN DONE UNDER THE DIRECTION OF THE TEAM LEADER?
FRICTION DEVICE- PATIENT(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS FRICTION DEVICE PROPERLY RIGGED WITH ROPE?
Y	N	WAS FRICTION DEVICE PROPERLY ATTACHED TO ANCHOR POINT (CARABINER LOCKED)?
Y	N	WAS LOAD LINE AT FRICTION DEVICE PROPERLY MANNED?
Y	N	WAS PROPER FRICTION DEVICE USED?
Y	N	WAS ROPE SAFELY MAINTAINED AS IT PASSED THROUGH THE FRICTION DEVICE?
FRICTION DEVICE- RESCUER(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS FRICTION DEVICE PROPERLY RIGGED WITH ROPE?
Y	N	WAS FRICTION DEVICE PROPERLY ATTACHED TO ANCHOR POINT (CARABINER LOCKED)?
Y	N	WAS LOAD LINE AT FRICTION DEVICE PROPERLY MANNED?
Y	N	WAS PROPER FRICTION DEVISE USED?
Y	N	WAS ROPE SAFELY MAINTAINED AS IT PASSED THROUGH THE FRICTION DEVICE?
TAG LINE		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS TAGLINE SAFELY SECURED TO PATIENT/STOKES?
Y	N	WAS TAGLINE USED IN A SAFE EFFECTIVE MANNER?

KNOTS		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WERE ALL "LIVE LOAD" KNOTS BACKED UP WITH A SAFETY KNOT?
		NOTE: SAFETY KNOT NOT REQUIRED ON BUTTERFLY, FISHERMAN, WATER KNOT, FIGURE 8 w/ EARS
Y	N	WERE ALL KNOTS DRESSED DOWN AND NEAT?
Y	N	DID KNOTS ON OPPOSITE SIDES OF THE STOKES BASKET "MIRROR" ONE ANOTHER?
Y	N	WERE ALL KNOTS EFFECTIVE FOR THE TECHNIQUES?
Y	N	WERE ALL KNOTS USED APPROPRIATE FOR THE APPLICATION?
STOKES		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS STOKES INSPECTED BEFORE USING?
Y	N	WAS PATIENT'S HEAD SECURED AND EYES COVERED WHILE IN THE STOKES?
Y	N	WAS LASHING PROPERLY / SAFELY SECURED?
Y	N	WAS STOKES LASHING APPLIED CORRECTLY PER MEDICAL CONDITION?
Y	N	WAS THE LASHING TERMINATED WITH AN EFFECTIVE KNOT?
Y	N	WERE PROPER LIFTING TECHNIQUES USED WHILE MOVING THE STOKES?
Y	N	WAS THE LASHING MODIFIED TO ALLOW FOR INJURIES AND WAS THIS REPORTED TO THE CAPTAIN?
Y	N	WAS PATIENT CARRIED FEET FIRST UNLESS NOTED BY TEAM MEMBER?
Y	N	WAS STOKES LIFTED UNDER THE DIRECTION OF ONLY ONE OF THE TEAM MEMBERS?
HAUL SYSTEM- RESCUER(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS A HAUL SYSTEM USED CORRECTLY/SAFELY TO LIFT THE RESCUER(S)?
Y	N	WAS THE HAUL SYSTEM IDENTIFIED IN THE SCENARIO USED? (YES IF NOT SPECIFIED)
Y	N	WERE PROPER ATTACHMENTS OF MAIN LINE SAFELY ATTACHED TO RESCUER(S)?
Y	N	WERE PROPER ATTACHMENTS OF SAFETY/BELAY SAFELY ATTACHED TO RESCUER(S)?
Y	N	DID HAUL TEAM LEADER USE CLEAR AND PROPER COMMANDS AS APPROPRIATE?
Y	N	DID HAUL TEAM ACT TO THE COMMANDS AS TEAM LEADER DIRECTED?
Y	N	WAS THE RESCUER(S) HARNESS PROPERLY SECURED AND ADJUSTED?
Y	N	WERE ALL ATTACHMENT POINTS ATTACHED USING A KNOT(S) THAT WERE SAFE/EFFECTIVE?
Y	N	WAS ALL EQUIPMENT USED AS DESIGNED AND IN A SAFE MANNER?
Y	N	WERE ALL ANCHORS SECURELY ATTACHED AND NOT ALLOWED TO SLIP DURING THE HAUL OPERATION?
Y	N	WAS HAUL SYSTEM BUILT WITHOUT NEEDING ASSISTANCE OR DIRECTION FROM ANOTHER TEAM MEMBER?
Y	N	WERE ALL CARABINERS OBSERVED TO ENSURE NOT TO SIDE LOAD?
Y	N	WERE ALL CARABINERS CLOSED AND LOCKED?
Y	N	WERE ALL CAMS (CAM ASCENDERS AND PRUSIKS) INSTALLED / USED PROPERLY?
Y	N	DID HAUL LINE RUN SMOOTHLY DURING RAISE?
Y	N	DID HAUL LINE RUN CLEAR OF ANY OBSTRUCTION THAT HAD POTENTIAL TO DAMAGE ROPE?
Y	N	WAS RESCUER(S) RAISED SMOOTHLY AND CARE USED TO PROTECT PATIENT?
Y	N	WAS HAUL SYSTEM SAFETY CHECK PERFORMED?
Y	N	WAS HAND RAIL / ROOF EDGE / ETC. PADDED WHERE ROPE PASSED OVER?
Y	N	WAS HAUL SYSTEM BROKEDOWN DONE UNDER THE DIRECTION OF THE TEAM LEADER?
HAUL SYSTEM- PATIENT(S)		
		Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5
Y	N	WAS A HAUL SYSTEM USED CORRECTLY/SAFELY TO LIFT THE PATIENT?
Y	N	WAS THE HAUL SYSTEM IDENTIFIED IN THE SCENARIO USED? (YES IF NOT SPECIFIED)
Y	N	WERE PROPER ATTACHMENTS OF MAIN LINE SAFELY ATTACHED TO PATIENT/STOKES?
Y	N	WERE PROPER ATTACHMENTS OF SAFETY/BELAY SAFELY ATTACHED TO PATIENT/STOKES?
Y	N	DID HAUL TEAM LEADER USE CLEAR AND PROPER COMMANDS AS APPROPRIATE?
Y	N	DID HAUL TEAM ACT TO THE COMMANDS AS TEAM LEADER DIRECTED?
Y	N	WAS THE PATIENT SECURED/POSITIONED IN A PROPER POSITION?
Y	N	WERE ALL ATTACHMENT POINTS ATTACHED USING A KNOT/KNOTS THAT WERE SAFE/EFFECTIVE?
Y	N	WAS ALL EQUIPMENT USED AS DESIGNED AND IN A SAFE MANNER?
Y	N	WERE ALL ANCHORS SECURELY ATTACHED AND NOT ALLOWED TO SLIP DURING THE HAUL OPERATION?
Y	N	WAS HAUL SYSTEM BUILT WITHOUT NEEDING ASSISTANCE OR DIRECTION FROM ANOTHER TEAM MEMBER?
Y	N	WERE ALL CARABINERS OBSERVED TO ENSURE NOT TO SIDE LOAD?
Y	N	WERE ALL CARABINERS CLOSED AND LOCKED?
Y	N	WERE ALL CAMS (CAM ASCENDERS AND PRUSIKS) INSTALLED / USED PROPERLY?
Y	N	DID HAUL LINE RUN SMOOTHLY DURING RAISE?
Y	N	DID HAUL LINE RUN CLEAR OF ANY OBSTRUCTION THAT HAD POTENTIAL TO DAMAGE ROPE?
Y	N	WAS PATIENT RAISED SMOOTHLY AND CARE USED TO PROTECT PATIENT?
Y	N	WAS HAUL SYSTEM SAFETY CHECK PERFORMED?
Y	N	WAS HAND RAIL / ROOF EDGE / ETC. PADDED WHERE ROPE PASSED OVER?
Y	N	WAS HAUL SYSTEM BROKEDOWN DONE UNDER THE DIRECTION OF THE TEAM LEADER?

TRIPOD		
Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5		
Y	N	WAS THE TRIPOD INSPECTED PRIOR TO USE?
Y	N	WAS THE TRIPOD RAISED TO THE PROPER HEIGHT?
Y	N	WAS THE LEDGER APPLIED CORRECTLY TO THE BASE OF THE TRIPOD?
Y	N	WAS THE CHANGE OF DIRECTION INSIDE THE WORKING SPAN OF THE TRIPOD LEGS?
Y	N	WAS THE TRIPOD POSITIONED CORRECTLY OVER THE OPENING?
Y	N	DID THE TRIPOD REMAIN STABLE DURING THE RAISE/LOWER AND NOT TIP?
Y	N	WAS THE TRIPOD SECURED OR TIED BACK IF NEEDED?
Y	N	WAS THE TRIPOD SAFELY BROKE DOWN AFTER USE?
Y	N	WAS THE TRIPOD INSPECTED AFTER USE?
LADDER HANDLING		
Overall Review: 0 1 2 3 4 5 6 7 8 9 10 Circle for whole number: / between indicates .5		
Y	N	WAS LADDER CHECKED AND FOUND "SAFE FOR USE" AND REPORTED TO THE CAPTAIN?
Y	N	WAS THE LADDER HANDLED IN A SAFE MANNER AT ALL TIMES?
Y	N	WAS THE LADDER PROPERLY HEELED WHILE RESCUERS ASCENDED OR DESCENDED?
Y	N	WAS THE LADDER PROPERLY HEELED WHILE RAISING OR LOWERING?
Y	N	WAS THE LADDER CHECKED FOR PROPER CLIMBING ANGLE AND REPORTED TO THE CAPTAIN?
Y	N	WAS THE LADDER'S LANYARD SECURELY TIED OFF?
Y	N	DID THE FIRST RESCUER UP THE LADDER CHECK THE "DOGS" TO ENSURE THEY WERE LOCKED AND SECURE?
Y	N	DID THE FIRST RESCUER UP THE LADDER CHECK THE ROOF / STRUCTURE FOR STRUCTURAL SOUNDNESS AND REPORT TO THE CAPTAIN?
Y	N	WAS THE LADDER CARRIED FEET FIRST (OR A STATEMENT OTHERWISE MUST BE MADE BY THE TEAM LEADER AS TO WHY IT IS NOT BEING CA
Y	N	WAS THE LADDER CARRIED BY 2 RESCUERS?
Y	N	DID THE LEAD RESCUER POSITION HIMSELF AS TO PROTECT PERSONS FROM BEING HIT BY THE LADDER?
Y	N	DID THE LADDER TEAM LIFT THE LADDER PROPERLY?
Y	N	DID THE LADDER TEAM CARRY THE LADDER PROPERLY?
Y	N	WHILE RAISING THE LADDER DID THE RESCUER OPPOSITE THE LANYARD OPERATOR KEEP A LOOKOUT ON THE TOP OF THE LADDER?
Y	N	DID THE LADDER AT ANY TIME SEEM UNSTABLE?
Y	N	WAS THE LADDER SAFELY SECURED? (TIED OFF OR HELD)
Y	N	WAS ENOUGH SLACK LEFT IN ROPE TO ALLOW STOKES TO PIVOT WHEN LADDER WAS LOWERED?