Date of Exercise:	[MM/DD/YYYY]	Casualty #:	

VISIBLE SYMPTOMS:

Child on ground, not moving
Right leg with red inflamed
area surrounding it
Dead, gray and reddened skin
areas on face and both arms

PHYSICAL FINDINGS:

Resp: 32 and shallow Audible crackling and wheezing Pulse: 140

BP: 82/76

OTHER PATIENT INFORMATION:

Responsive but in pain Able to follow commands Crying

Burn - Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

	ssessment and Treatment:
	ial Contact and Triage How long did it take response personnel to contact you?
a. b.	How long did it take response personnel to begin
	decontaminating you?
C.	Were you examined on the scene more than once? \square Yes \square No
d.	Whom did you talk to, or whom were you assessed by (list all)?
	☐ Fire ☐ EMS ☐ Police ☐ Other
e.	If you received a multicolored triage tag, what was the BOTTOM
	color when it was first given to you? ☐ Green ☐ Yellow ☐ Rec
	☐ Black ☐ Never received a tag
f.	What actions did response personnel take as a result of their
	assessment of your condition?
	atment:
a. b.	If conscious, did someone explain your treatment? ☐ Yes ☐ No If conscious, were you given clear instructions? ☐ Yes ☐ No
D. C.	What treatment was given?
О.	What treatment was given:
	you observe any outstanding actions among the response sonnel you observed?
	I (if applicable) ich hospital did you go to?
05	as at the begrital bow language it until semana everying dueu?
	ce at the hospital, how long was it until someone examined you?
	Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes Diver 15 minutes ☐ I was never examined at the hospital
	over 15 minutes \Box I was never examined at the nospital
	<u>e Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?
	<u>e Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

DO NOT LOSE THIS CARD!

DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, following commands
Glistening red burns to face, upper chest and back as well as both arms

PHYSICAL FINDINGS:

Resp: 32 and shallow Audible crackling and wheezing Pulse: 122 BP: 90/60

OTHER PATIENT INFORMATION:

Responsive
Able to walk and follow
commands
Moans in pain

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d As	sessment and Treatment:
1.	Initia	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? \square Yes \square No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.		atment:
	a.	If conscious, did someone explain your treatment? ☐ Yes ☐ No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
3.		you observe any outstanding actions among the response sonnel you observed?
Hos	nital	(if applicable)
1.		ch hospital did you go to?
2.	Onc	ee at the hospital, how long was it until someone examined you?
۷.		ess than 5 minutes \Box 5 minutes \Box 10 minutes \Box 15 minutes
		Over 15 minutes
		To minutes 12 was never examined at the hospital
Exe in th	rcise ne exe	• Design: Did you observe any problems during your participation ercise? What improvements would you suggest?

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, not moving Dead, gray and blackened skin in arms, legs and torso; glistening area on face

PHYSICAL FINDINGS:

Resp: 6 and erratic Audible wheezing Pulse: 154 BP: 76/42

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d As	sessment and Treatment:
1.	Initia	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? \square Yes \square No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.	Trea	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
3.		you observe any outstanding actions among the response sonnel you observed?
<u>Hos</u> 1.		(if applicable) ch hospital did you go to?
2.	Onc	ee at the hospital, how long was it until someone examined you?
		ess than 5 minutes
		Over 15 minutes
		·
Exe in th	rcise le exe	• <u>Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

DO NOT LOSE THIS CARD!
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Date of Exercise:	[MM/DD/YYYY]	Casualty #:	
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VISIBLE SYMPTOMS:

Glistening burns to back and posterior aspects of the arms and legs
Burns on back of both hands, soot evident on lips
Raspy voice
Whites of eyes are reddened and watering

PHYSICAL FINDINGS:

Resp: 28 Pulse: 150 BP: 122/62

OTHER PATIENT INFORMATION:

Aware; knows name, location, and time
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

		sessment and Treatment:
1.		al Contact and Triage
	a. b.	How long did it take response personnel to contact you? How long did it take response personnel to begin
	Б.	decontaminating you?
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
	£	☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their assessment of your condition?
2		
2.	a.	atment: If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? Yes No
	C.	What treatment was given?
		,
3.		you observe any outstanding actions among the response sonnel you observed?
<u>Hos</u> 1.		(if applicable) ich hospital did you go to?
_		
2.		ce at the hospital, how long was it until someone examined you? Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes
		Diver 15 minutes
		over 15 minutes 🗀 i was never examined at the nospital
Exe in th	rcise ne ex	<u>Posign:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:	
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VISIBLE SYMPTOMS:

Child on ground, not moving
Glistening burns on face and
scalp
Dead, gray and blackened skin
areas on both arms, back and
chest

PHYSICAL FINDINGS:

Resp: 6 and shallow audible crackling Pulse: 164
BP: 72/54

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d As	sessment and Treatment:
1.	Initi	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? $\ \square$ Yes $\ \square$ No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? \square Green \square Yellow \square Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.	Trea	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
3.		you observe any outstanding actions among the response sonnel you observed?
	por	solinoi you obcorrou.
	pital	(if applicable)
1.	vvni	ch hospital did you go to?
2.	Onc	ce at the hospital, how long was it until someone examined you?
		ess than 5 minutes
_		·
in th	rcise ie ex	<u>Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?
		DO NOT LOSE THIS CARD!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

Date of Exercise:	[MM/DD/YYYY]	Casualty #:	
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VISIBLE SYMPTOMS:

Child on ground, moving
Glistening burn to back,
abdomen and right thigh
Dead, gray and blackened skin
areas on both arms

PHYSICAL FINDINGS:

Resp: 24; audible crackling and wheezing Pulse: 142

BP: 80/60

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Talking but in pain
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	ld As	sessment and Treatment:
1.		al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
	~.	decontaminating you?
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
	u.	□ Fire □ EMS □ Police □ Other
	_	If you received a multicolored triage tag, what was the BOTTOM
	e.	if you received a multicolored thage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.	Tre	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
	٥.	What trouthont was given:
3.		you observe any outstanding actions among the response
	——————————————————————————————————————	sonnel you observed?
<u>Hos</u> 1.	spital Wh	(if applicable) ich hospital did you go to?
		
2.		ce at the hospital, how long was it until someone examined you?
		ess than 5 minutes $\ \square$ 5 minutes $\ \square$ 10 minutes $\ \square$ 15 minutes
		Over 15 minutes
		Design: Did you observe any problems during your participation
in th	ne ex	ercise? What improvements would you suggest?

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, not moving Swollen eyes with glistening burns to face and legs and audible stridor Dead, gray and whitish skin areas on torso and both arms

PHYSICAL FINDINGS:

Resp: 6 and shallow; audible stridor and wheezing
Pulse: 156
BP: 78/56

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

		sessment and Treatment:
1.	Initi	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
	_	decontaminating you? Were you examined on the scene more than once? \square Yes \square No
	c. d.	Whom did you talk to, or whom were you assessed by (list all)?
	u.	□ Fire □ EMS □ Police □ Other
	_	If you received a multicolored triage tag, what was the BOTTOM
	e.	
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
	1.	assessment of your condition?
		assessment of your container.
2.	Tre	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? \square Yes \square No
	C.	What treatment was given?
		· · · · · · · · · · · · · · · · · · ·
3.		you observe any outstanding actions among the response
	pers	sonnel you observed?
		
Hos		(if applicable)
1.	Wh	ich hospital did you go to?
2.	Onc	ce at the hospital, how long was it until someone examined you?
		Less than 5 minutes \square 5 minutes \square 10 minutes \square 15 minutes
		Over 15 minutes
Exe	rcise	e Design: Did you observe any problems during your participation
		ercise? What improvements would you suggest?
		, , , ,

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise: [MM/DD/YY)	/YY]	_
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VISIBLE SYMPTOMS:

Child on ground, moving
Dark, blackened eschar on
neck, anterior chest and
abdomen
Swollen eyes with glistening
burns on face
Stridor

PHYSICAL FINDINGS:

Resp: 10 and shallow audible stridor Pulse: 144 BP: 80/68

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

		sessment and Treatment: al Contact and Triage
	muua a.	How long did it take response personnel to contact you?
	a. b.	How long did it take response personnel to begin
	υ.	decontaminating you?
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		□ Fire □ EMS □ Police □ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		□ Black □ Never received a tag
1	f.	What actions did response personnel take as a result of their
		assessment of your condition?
-		
-		
	Trea	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
- 1	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
(C.	What treatment was given?
-		
		you observe any outstanding actions among the response connel you observed?
-		
osp	ital Whi	(if applicable) ch hospital did you go to?
-		
		e at the hospital, how long was it until someone examined you?
		ess than 5 minutes
		over 15 minutes
	-:	Perion. Did you shooms any problems during your participation
		<u>Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?
_		
-		
-		

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise: [MM/DD/YYYY]	Casualty #:	
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VISIBLE SYMPTOMS:

Child walking around Red inflamed area of face, neck, upper torso and arms Swollen eyes

PHYSICAL FINDINGS:

Resp: 24 and shallow, no

wheezing Pulse: 118 BP: 94/86

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Speech without difficulty
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

 Initial Contact and Triage How long did it take response personnel to contact you? How long did it take response personnel to begin decontaminating you? Were you examined on the scene more than once? □ Yellow □ Fire □ EMS □ Police □ Other If you received a multicolored triage tag, what was the Becolor when it was first given to you? □ Green □ Yellow □ Black □ Never received a tag What actions did response personnel take as a result of assessment of your condition? Treatment: If conscious, did someone explain your treatment? □ Yest What treatment was given? 	∕es □ No ist all)? OTTOM
 b. How long did it take response personnel to begin decontaminating you?	∕es □ No ist all)? OTTOM
d. Whom did you talk to, or whom were you assessed by (I	ist all)? OTTOM
□ Fire □ EMS □ Police □ Other □ e. If you received a multicolored triage tag, what was the B color when it was first given to you? □ Green □ Yellov □ Black □ Never received a tag f. What actions did response personnel take as a result of assessment of your condition? 2. Treatment: a. If conscious, did someone explain your treatment? □ Yes b. If conscious, were you given clear instructions? □ Yes	ОТТОМ
e. If you received a multicolored triage tag, what was the B color when it was first given to you? ☐ Green ☐ Yellow☐ Black ☐ Never received a tag f. What actions did response personnel take as a result of assessment of your condition? 2. Treatment: a. If conscious, did someone explain your treatment? ☐ Yes b. If conscious, were you given clear instructions? ☐ Yes	OTTOM
color when it was first given to you? Green Yellow Black Never received a tag f. What actions did response personnel take as a result of assessment of your condition? Treatment: a. If conscious, did someone explain your treatment? Yes b. If conscious, were you given clear instructions?	OTTOM
f. What actions did response personnel take as a result of assessment of your condition? 2. Treatment: a. If conscious, did someone explain your treatment? b. If conscious, were you given clear instructions? Yes	w ⊔ Ked
assessment of your condition? 2. Treatment: a. If conscious, did someone explain your treatment? □ Your b. If conscious, were you given clear instructions? □ Yes	their
a. If conscious, did someone explain your treatment? □ Yob. If conscious, were you given clear instructions? □ Yes	11011
a. If conscious, did someone explain your treatment? □ Yob. If conscious, were you given clear instructions? □ Yes	
b. If conscious, were you given clear instructions? ☐ Yes	
	∐ No
Did you observe any outstanding actions among the response personnel you observed?	e
Hospital (if applicable)	
1. Which hospital did you go to?	
 Once at the hospital, how long was it until someone examined Less than 5 minutes 5 minutes 10 minutes 15 r Over 15 minutes I was never examined at the hospital 	d you? ninutes
Exercise Design: Did you observe any problems during your part in the exercise? What improvements would you suggest?	ticipation

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].