



# Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

## MCI Evaluation Tool

| N = Number  | FT = Free Text                     | Y/N = Yes or No |
|---|------------------------------------|-----------------|
| Incident Date [N]:  | Incident Number(s) [N]:            |                 |
| MCI Name [FT]:  | MCI Location [FT]:                 |                 |
| Responding Agencies [FT]:   |                                    |                 |
| Initial Response Time [FT]:   | Scene Clear Time [FT]:             |                 |
| Agency in Charge [FT]:  | Incident Commander [FT]:           |                 |
| DCF Location [FT]:  | Medical Group Supervisor [FT]:     |                 |
| Triage Officer [FT]:  | Treatment Officer [FT]:            |                 |
| First Unit On Scene [FT]:   | Additional Units [FT]:             |                 |
| Number of Immediate [N]:  | Number of Delayed [N]:             |                 |
| Number of Minor [N]:  | Number of DOA [N]:                 |                 |
| Number of Ground Ambulances Used [N]:                                 | Number of Air Ambulances Used [N]: |                 |
| LZ On-Scene? [Y/N] _____ If no LZ on-scene, list LZ location(s) [FT]: |                                    |                 |
| Hospital Distribution (list) [FT]:                                    |                                    |                 |
| Was an MCI Declared? [Y/N]:   | Was ICS Followed? [Y/N]:           |                 |
| Was a Pre-Alert Given? [Y/N]:   | Was START Triage Followed? [Y/N]:  |                 |
| Appropriate Number of Resources? [Y/N]:                               |                                    |                 |
| Was there a Delay in Obtaining Resources? [Y/N]:                      |                                    |                 |
| Your Comments [FT]:   |                                    |                 |