

INCIDENT COMMAND MASS CASUALTY

MABAS Division 2 Operational Checklist #07-F

Updated 11/3/15
Reviewed 6/23/21

LOCATION _____ DATE _____
TIME OF ALARM _____ TIME OF ARRIVAL _____
TIME CLEAR _____ IC _____

Checklist Item	Time	Location / Comment
<input type="checkbox"/> Command Post Identified		
<input type="checkbox"/> Command Established /Identification Vest worn		
<input type="checkbox"/> Hospital notified		
<input type="checkbox"/> Medical Branch Established		
<input type="checkbox"/> MABAS Division Notified - Mass Casualty trailer requested		
<input type="checkbox"/> Staging Area Established		
<input type="checkbox"/> Aide(s) Appointed		
<input type="checkbox"/> Safety Officer		
<input type="checkbox"/> Rehab Area Established		
<input type="checkbox"/> Fire/Rescue Branch		
<input type="checkbox"/> Public Information Officer		
<input type="checkbox"/> Communications Unit Leader		
<input type="checkbox"/> OPS Section Established		
<input type="checkbox"/> Technical Advisor(s)		
<input type="checkbox"/> EMA/OEM Notified		
<input type="checkbox"/> Coroner Notified		

Brief statement of Incident Action Plan

Responsibilities

INCIDENT COMMANDER

RADIO DESIGNATION: **COMMAND** **CHANNEL:** _____

REPORTS TO: **CITY MANAGER OR POLICY GROUP**

REPORTS TO YOU: **COMMAND & GENERAL STAFF**

