

TRANSPORTATION GROUP MASS CASUALTY

MABAS Division 2
Operational Checklist
#12-F
Updated 11/3/15
Reviewed 6/23/21

Responsibilities

LOCATION _____ DATE _____
 TIME OF ALARM _____ TIME OF ARRIVAL _____
 TIME CLEAR _____
 TRANSPORTATION GROUP SUPERVISOR _____

Checklist Item	Time	Location / Comment
<input type="checkbox"/> Wear Identification Vest		
<input type="checkbox"/> Establish Patient Loading Area		
<input type="checkbox"/> Transport Aid(s) Appointed		
<input type="checkbox"/> Establish Contact with Resource Hospital		
<input type="checkbox"/> Determine capabilities of potential receiving hospitals		
<input type="checkbox"/> Determine number of patients to be transported		
<input type="checkbox"/> Ambulance Exit Point established		
<input type="checkbox"/> Establish Transport Log		
<input type="checkbox"/> Request Transportation Vehicles from Staging		
<input type="checkbox"/> Retain portion from SMART Tag		
<input type="checkbox"/> Retain one corner from METTAG		
<input type="checkbox"/> Receive updates from Medical / Triage on number of patients		
<input type="checkbox"/> Update Resource Hospital on number of patients		
<input type="checkbox"/> Notify Resource Hospital when all patients transported		
<input type="checkbox"/> Notify Medical Branch when all patients transported		

Brief statement of Incident Action Plan

TRANSPORTATION GROUP

RADIO DESIGNATION: TRANSPORT **CHANNEL:** _____

REPORTS TO: IC, OPS CHIEF, OR MEDICAL BRANCH DIRECTOR

REPORTS TO YOU: SINGLE RESOURCES

