

# Man in Machine Tactical Work Sheet



<b>ASSESSMENT</b>	Date:	Time:	Location		
	Contact Person				
	Number of Persons Trapped				
	Condition				
	Description of Area				
	<b>Hazards in Space</b>				
	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Other
	<input type="checkbox"/> Atmospheric	O2 ____ %	LEL ____ %	H2S ____ ppm	CO ____ ppm
	Rescue <input type="checkbox"/> Recovery <input type="checkbox"/>				
	MOL notification required <input type="checkbox"/> Yes <input type="checkbox"/> No			LOTO Performed before FD arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Hazard Control

<b>LOTO</b>	<b>Mechanical</b>	<input type="checkbox"/> Block linkage	<input type="checkbox"/> Disconnect			<input type="checkbox"/> None
	<b>Electrical</b>	<input type="checkbox"/> Lockout	<input type="checkbox"/> Tag out			<input type="checkbox"/> None
	<b>Pneumatic</b>	<input type="checkbox"/> Lockout	<input type="checkbox"/> Tag out	<input type="checkbox"/> Bleed Lines	<input type="checkbox"/> Disconnect Lines	<input type="checkbox"/> None
	<b>Hydraulic</b>	<input type="checkbox"/> Lockout	<input type="checkbox"/> Tag out	<input type="checkbox"/> Bleed Lines	<input type="checkbox"/> Disconnect Lines	<input type="checkbox"/> None
	<b>Piping</b>	<input type="checkbox"/> Blind	<input type="checkbox"/> Disconnect			<input type="checkbox"/> None
	<b>Ventilation</b>	<input type="checkbox"/> Positive Pressure	<input type="checkbox"/> Exhaust	<input type="checkbox"/> Local Exhaust	<input type="checkbox"/> Local Supply	
	Continuous Atmospheric Monitoring Required <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Dept LOTO Complete <input type="checkbox"/> YES Time:		

<b>PATIENT ASSESSMENT</b>	<b>Patient Injuries / Entrapment</b>		<b>Machine Diagram</b>				
	Patient PPE						
	<input type="checkbox"/> Glasses	<input type="checkbox"/> Blanket	<input type="checkbox"/> Coat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Shielding	<input type="checkbox"/> Plexiglas	<input type="checkbox"/> Wood
	<b>Medical Considerations</b>						
	<b>Airway</b>	<input type="checkbox"/> Breathing	<input type="checkbox"/> O2	<input type="checkbox"/> BVM	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Circulation</b>	<input type="checkbox"/> Peripheral Circulation	<input type="checkbox"/> Gross Bleeding	<input type="checkbox"/> Direct Pressure	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> O2 Sat Monitor	<input type="checkbox"/> TIC	<input type="checkbox"/> Cap Refill	<input type="checkbox"/> Tourniquet	<input type="checkbox"/> Crush Syndrome		
<b>EMS</b>	<input type="checkbox"/> Contacted	<input type="checkbox"/> Updated	<input type="checkbox"/> On Scene	<input type="checkbox"/>			
<b>Medical Site Team?</b>	<input type="checkbox"/> Chest Tube	<input type="checkbox"/> Field Amputation	<input type="checkbox"/> Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Rescue Officer</b>							
<b>Safety Officer</b>							
<b>Cutting Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Cutting Team					
<b>Lifting Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Lifting Team					
<b>Disassembly Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Disassembly Team					
<b>Medical</b>		<input type="checkbox"/> EMS <input type="checkbox"/> Medical Team					

CUTTING	Material Size up						
	<input type="checkbox"/> Metal	<input type="checkbox"/> Other		<input type="checkbox"/> Ferrous	<input type="checkbox"/> Non- Ferrous	<input type="checkbox"/> Hardened	<input type="checkbox"/> Non- Hardened
	<input type="checkbox"/> Mild Steel	<input type="checkbox"/> Hardened Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Alloy Steel	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Brass / Copper	<input type="checkbox"/> Other
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic	<input type="checkbox"/> Glass	<input type="checkbox"/> Wood			
	<b>Considerations</b> Heat transfer by conduction to patient. Aggressive cooling needed. Sparks direction. Fire hazards. Vibration and cutting proximity to patient. Cutting object under tension / recoil. Control / Stabilize large off cuts. Blade pinch in kerf.						
Tools / Equipment							
<b>Patient Shielding</b>	<input type="checkbox"/> Glasses	<input type="checkbox"/> Blanket	<input type="checkbox"/> Coat	<input type="checkbox"/> Plexy	<input type="checkbox"/> Wood		
<b>Cooling</b>	<input type="checkbox"/> Water Extinguisher	<input type="checkbox"/> Wet Cloths	<input type="checkbox"/> Plug n Dike	<input type="checkbox"/> Hoseline	<input type="checkbox"/> TIC		
<b>Power</b>	<input type="checkbox"/> Generator	<input type="checkbox"/> Electrical Cords	<input type="checkbox"/> Local Supply	<input type="checkbox"/> Battery			
<b>Cutting</b>	<input type="checkbox"/> Torch	<input type="checkbox"/> Band saw	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Grinder	<input type="checkbox"/> Dremel		
	<input type="checkbox"/> E Cutter	<input type="checkbox"/> K12	<input type="checkbox"/> Hacksaw	<input type="checkbox"/> Files			
<b>Respiratory PPE</b>	<input type="checkbox"/> SCBA	<input type="checkbox"/> SAR	<input type="checkbox"/> _____ ' Airline				
<b>Lighting</b>	<input type="checkbox"/> Head Lamp	<input type="checkbox"/> Flash Light	<input type="checkbox"/> Glow Sticks	<input type="checkbox"/> Corded Light	<input type="checkbox"/>		
<b>Communications</b>	<input type="checkbox"/> Visual	<input type="checkbox"/> _____ ' Hardline	<input type="checkbox"/> Radio				

LIFTING	Load Assessment					
	<b>Calculated weight to be lifted in LBS</b> <input type="text"/>					
	<b>Shape</b>	<input type="checkbox"/> Cube	<input type="checkbox"/> Cylinder	<input type="checkbox"/> Tube	<input type="checkbox"/> Sphere	<input type="checkbox"/> Flat Stock
	<b>Material</b>	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Water	<input type="checkbox"/> Aluminum
	<b>Considerations</b> MUST STABILIZE LOAD. Lift an inch, Crib an inch. Cribbing must be rated for calculated load. Anticipate load to shift when lifting. Find center of gravity of object. Finding reliable anchor points and highpoints for lifting may be problematic. Entire assembly must be rated for lift. High angles > 60 degrees may increase the force on a component beyond rating.					
Tools / Equipment						
<b>Stabilization</b>	<input type="checkbox"/> Cribbing	<input type="checkbox"/> R42's	<input type="checkbox"/> Ratchet Straps	<input type="checkbox"/> Chain	<input type="checkbox"/> Hooks	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Lifting</b>	<input type="checkbox"/> Airbags	<input type="checkbox"/> Spreader	<input type="checkbox"/> Rams	<input type="checkbox"/> Bottle Jack	<input type="checkbox"/> Hi / Farm Jack	
	<input type="checkbox"/> Chain hoist	<input type="checkbox"/> Come-along	<input type="checkbox"/> Synthetic Slings	<input type="checkbox"/> Chain Slings		
	<input type="checkbox"/> Rope	<input type="checkbox"/> Belay	<input type="checkbox"/> Tripod		<input type="checkbox"/>	
<b>Respiratory PPE</b>	<input type="checkbox"/> SCBA	<input type="checkbox"/> SAR	<input type="checkbox"/> _____ ' Airline			
<b>Lighting</b>	<input type="checkbox"/> Head Lamp	<input type="checkbox"/> Flash Light	<input type="checkbox"/> Glow Sticks	<input type="checkbox"/> Corded Light	<input type="checkbox"/>	
<b>Communications</b>	<input type="checkbox"/> Visual	<input type="checkbox"/> _____ ' Hardline	<input type="checkbox"/> Radio			

DISASSEMBLY	Size up					
	<b>Fasteners</b>	<input type="checkbox"/> Left Handed	<input type="checkbox"/> Specialty	<input type="checkbox"/> Metric	<input type="checkbox"/> SAE	<input type="checkbox"/>
	<b>Considerations</b> Normal access may be limited to the fasteners. May require specialty tools. May be easier to cut or grind fastener off. Fasteners may be stripped. Fasteners may be seized or corroded on. Parts may be under tension or pressure.					
	Tools / Equipment					
	<b>Power</b>	<input type="checkbox"/> Generator	<input type="checkbox"/> Electrical Cords	<input type="checkbox"/> Local Supply	<input type="checkbox"/> Battery	<input type="checkbox"/>
<b>Disassembly</b>	<input type="checkbox"/> Socket Set	<input type="checkbox"/> Impact Gun	<input type="checkbox"/> Drill	<input type="checkbox"/> Wrench set	<input type="checkbox"/> Screwdrivers	
	<input type="checkbox"/> Tool box	<input type="checkbox"/> Pipe Wrench	<input type="checkbox"/> Jeweler Screwdrivers	<input type="checkbox"/> Snap Ring Pliers	<input type="checkbox"/>	
<b>Respiratory PPE</b>	<input type="checkbox"/> SCBA	<input type="checkbox"/> SAR	<input type="checkbox"/> _____ ' Airline			
<b>Lighting</b>	<input type="checkbox"/> Head Lamp	<input type="checkbox"/> Flash Light	<input type="checkbox"/> Glow Sticks	<input type="checkbox"/> Corded Light	<input type="checkbox"/>	
<b>Communications</b>	<input type="checkbox"/> Visual	<input type="checkbox"/> _____ ' Hardline	<input type="checkbox"/> Radio			

Termination						
	<b>Patient</b>	<input type="checkbox"/> Packaged	<input type="checkbox"/> In care of EMS	<input type="checkbox"/> Released	<input type="checkbox"/> Info Gathered	<input type="checkbox"/>
	<b>Personnel</b>	<input type="checkbox"/> Accountability	<input type="checkbox"/> Briefed	<input type="checkbox"/> Assessed	<input type="checkbox"/> Rehabbed	<input type="checkbox"/> Released
	<b>Tools</b>	<input type="checkbox"/> Cleaned / Deconned	<input type="checkbox"/> Fueled	<input type="checkbox"/> Recharged	<input type="checkbox"/> New Blades	
	<b>Other Agencies</b>	<input type="checkbox"/> Accountability	<input type="checkbox"/> Briefed	<input type="checkbox"/> Assessed	<input type="checkbox"/> Rehabbed	<input type="checkbox"/> Released
	<input type="checkbox"/> Info Gathered					