TRANSPORTATION GROUP MASS CASUALTY

MABAS Division 2
Operational Checklist
#30-C
Updated 11/3/15

Responsibilities

LOCATION _____ DATE _____
TIME OF ALARM _____ TIME OF ARRIVAL_____
TIME CLEAR_____
TRANSPORTATION GROUP SUPERVISOR _____

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

Brief statement of Incident Action Plan

OPERATIONAL WORKSHEET

TRANSPORTATION GROUP

LOCATION	DATE
TRANSPORTATION GROUP SUPERVISOR	

Receiving Hospital	Capability			Sent		
	Red	Yellow	Green	Red	Yellow	Green

Casualty counts: (From Medical Triage section)	Red	Yellow	Green	Black
Initial (Time:)				
Second (Update)				
Third				
Fourth				

TURN CHECKLIST IN TO COMMAND

OPERATIONAL WORKSHEET

TRANSPORTATION GROUP

LOCATION	DATE
TRANSPORTATION GROUP SUPERVISOR	

Receiving Hospital	**Capability**			**Sent**		
	Red	Yellow	Green	Red	Yellow	Green

Casualty counts: (From Medical Triage section)	**Red**	**Yellow**	**Green**	**Black**
Initial (Time:)				
Second (Update)				
Third				
Fourth				

TURN CHECKLIST IN TO COMMAND

OPERATIONAL WORKSHEET

TRANSPORTATION GROUP

LOCATION	DATE
TRANSPORTATION GROUP SUPERVISOR	

Receiving Hospital	Capability			Sent		
	Red	Yellow	Green	Red	Yellow	Green

Casualty counts: (From Medical Triage section)	Red	Yellow	Green	Black
Initial (Time:)				
Second (Update)				
Third				
Fourth				

TURN CHECKLIST IN TO COMMAND

TRANSPORTATION LOG

Location: _____ **Date:** _____

ID Tag #	Priority	Provider	Rec. Facility	Time	Comments
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				

Receiving Facility Patient Totals

Facility	Total	Facility	Total	Facility	Total
				Morgue	

Transportation Group Supervisor's:

TURN CHECKLIST IN TO COMMAND

Name: _____

Signature: _____ **Page**_____ **of** _____

TRANSPORTATION LOG

Location: _____ **Date:** _____

ID Tag #	Priority	Provider	Rec. Facility	Time	Comments
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				

Receiving Facility Patient Totals

Facility	Total	Facility	Total	Facility	Total
				Morgue	

Transportation Group Supervisor's:

TURN CHECKLIST IN TO COMMAND

Name: _____

Signature: _____ **Page**_____ **of** _____

TRANSPORTATION LOG

Location: _____ **Date:** _____

ID Tag #	Priority	Provider	Rec. Facility	Time	Comments
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				

Receiving Facility Patient Totals

Facility	Total	Facility	Total	Facility	Total
				Morgue	

Transportation Group Supervisor's:

TURN CHECKLIST IN TO COMMAND

Name: _____

Signature: _____ **Page**_____ **of** _____

TRANSPORTATION LOG

Location: _____ **Date:** _____

ID Tag #	Priority	Provider	Rec. Facility	Time	Comments
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				
	R Y G B				

Receiving Facility Patient Totals

Facility	Total	Facility	Total	Facility	Total
				Morgue	

Transportation Group Supervisor's:

TURN CHECKLIST IN TO COMMAND

Name: _____

Signature: _____ **Page**_____ **of** _____