

# Worksite Triage Form

Used to collect information on worksites and to prioritize worksites



Building information					
E1. Worksite ID		E2. GPS Coordinates <b>Decimal format</b>	±dd.dddd °	±ddd.dddd °	
E3. Address					
E4. Worksite boundary description					
E5. Building Use					
F9. Construction material					
F10. Floor area	m x m	F11. No. of floors	#	F12. No. of basements	#
Victim information				F8. Triage Category	
F4. Total number of live victims confirmed by team			#	< 12 hours	> 12 hours
F5. Will the operation take less than 12 hours?			Y/N	Confirmed live	A B
F6. Total reported missing (indicating possible live finds). If none, put 0. If unknown leave blank			#	Possible Live Victims	C
F7. Are there deceased? If yes, estimate on how many? If no, put 0. If unknown leave blank.			#	Deceased Only	D
F13. Building collapse					
F15. Main USAR operations likely to be needed at this Worksite					
Type:		Number of personnel, equipment, time required, etc.:			
A: Dog/technical search	×	Details:			
B: Shoring and propping	×				
C: Breaking, breaching	×				
D: Lifting and moving	×				
E: Rope/height working	×				
F: Medical needs	×				
F16. Risks/hazards/other info					
F1. Team ID	AAA	00	F2. Date	MMM	F3. Time
		hh			mm
Completed by: Name			Title/position		

Sketch plan of the Worksite

ID:

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