Worksite Triage Form



Used during assessment to identify worksites with rescue opportunities

			_									
E1. Worksite I	D			E2. GPS Co Decimal			±d	d.d	±ddd.dddd°			
E3. Address												
E4. Worksite b	ooundary	descript	on:									
E5. Building U	se											
F1. Team ID AAA 00 F2. Date DD MMM F3. Time											mr	n
F4. Total numb	ber of US	AR conf	irmed	I live victims						< 12	> 1	2
F5. Will the op	eration ta	ike more	or le	ss than 12 ho	urs?				hours	hou	ırs	
F6. Total numl	ber of pos	sible liv	e victi	ms / reports o	f missi	ing			Confirmed live?	Α	Е	3
F7. Are there deceased? If yes, estimate on how many? If Live put 0. If unknown leave blank									Possible Live Victims	(
F8. Triage Category									Deceased Only			
F9. Construction	on materi	al						_				
F10. Floor are	а	m x m		F11. No. of f			F12.	ments				
F13. Type of c	collapse:						,				•	
F14. What are or risks at the												
F15. Assess th	ne main U	ISAR op	eratio	ons likely to be	need	ed at	this Work	site:				
Indicate main	work need	ded:		at time, persor	nnel ar	nd equ	uipment a	re ne	eeded:			
A: Dog/technical search			De	tails:								
B: Shoring and propping												
C: Breaking, breeching												
D: Lifting and moving												
E: Rope/height working												
F: Medical needs			1									
F16. Other No	tes:	I	<u> </u>									
Completed	by: Name	е					Title/posi	tion				

S	ketch	n plar	of th	he W	orksi	te								

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Guidance Notes

E1	Worksite ID: part 1 is the allocated Sector letter, part 2 is the number allocated to the
	Worksite e.g C-6 If no sector letter is allocated yet then just apply a number. The
	sector letter has to be inserted when possible. For digitial collection, the worksite
	sector and number should be separate fields.
E2	GPS coordinates of the Worksite, taken at the Worksite marking:
	Standard GPS format is: Map datum WGS84 or other if indicated by LEMA
	If possible use decimal coordinates e.g. Lat ±dd.dddd° Long ±ddd.dddd°
E3	Street address or local name of the Worksite
-	Additional Worksite boundary description if it is not clear what the Worksite ID
E4	· '
	includes. E.g a hospital may be a Worksite but include several associated buildings,
	this should be explained here, possibly with a sketch plan on the rear of the form to
	make it clear.
E5	Describe the main use of the building e.g. hospital, factory, office, temple, dwelling,
	school, apartments with car park in the basement etc.
F4	Table ID of the table committee out the conservation latter Objection of
F1	Team ID of the team carrying out the assessment: 3 letter Olympic country code
	followed by national team number
F2	Date when the triage assessment was completed; the date written as a number, the
	month given by 3 letters e.g. 13 APR
F3	Time when the triage assessment was completed; 24hr clock using local time
F4	The number of live contacts confirmed by a USAR team
F5	An estimation of whether the rescue of the confirmed live victims will take more or
	less than 12 hours
F6	Give the estimated total number of persons missing or unknown at the Worksite
F7	A yes/no response of if there are deceased persons at the Worksite
F8	Determine the Triage letter; using the triage matrix opposite and the separate full
	triage tree
F9	Describe the main construction type e.g. reinforced concrete, steel frame, brick,
	masonry, timber frame
F10	Give the dimensions of the 'footprint' of the building/debris pile in metres x metres e.g
	25m x 40m
F11	Give the number of floors above ground
F12	Give the number of basements (if applicable)
F13	Describe building collapse, e.g. Inclined, pancaked, debris heaps, overturns, and/or
	overhang. This provides information about void spaces and structural stability. If
	relevant, describe local damages, such as lean-to and cracking or failure of
	loadbearing elements.
F14	Provide brief details of any hazards or risks that might affect USAR operations at the
	Worksite
F15	Give a brief assessment of the USAR operations that are needed:-
	Mark the tick boxes to show the types of USAR work likely to be required and;
	Use the text box to give an initial estimate of the personnel , equipment and time
	likely to be needed to carry out the operations.
	Comment on the structural stability assessment of the worksite.
F16	Briefly describe the any other notes about the Worksite (Any photographs attached,
	local contacts details, etc)
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Sector Assessment Worksite Triage Category Flowchart

