

**Sacramento County Emergency Medical Services
Receiving Facility MCI Critique**

Please complete following all MCIs and drills where significant concerns exist. Forward by FAX to SCEMS at (916) 875-9711 or mail to SCEMS at the address on the bottom of this form. Questions, call # (916) 875-9753.

Date	Time	Drill: Yes	No
Heard Alert: Yes No		Conference Call: Yes No	
Did you have sufficient time to prepare a Status Report? Yes No			
Were you given enough information concerning the MCI? Yes No			
If no, state the problem:			
Did the Control Facility keep you updated about the MCI? Yes No			
Allowed to disconnect? Yes No		Receive Patients? Yes No	
Were you given the following information about your patients?			
Transport Unit: Yes No		ETA: Yes No	
		Injury: Yes No	
Was patient condition consistent with triage category? Yes No			
Did you activate any portion of internal disaster plan? Yes No			
Any problems with this incident?			
Suggestions for the future:			
FOLLOW-UP:			
Triage	Reason	A/D*	Injury

*A=admitted / D=discharged

Triage/Reason Key- See START Triage Program Document 7508.

FACILITY

PLEASE MAIL or FAX TO:
Sacramento County Emergency Medical Services
9616 Micron Avenue, Suite 635
Sacramento, California
95827