



[EVD RESPONSE TRACKING SHEET]

Safety Officers will be required to complete this check sheet during and after a call for a suspect or confirmed EVD patient.

Date:	Day/	Month /	Year /		
CACC Call #					
EVD Suspect Name:	First:	Last:			
Call Address:					
Medic 1 Name:					
Medic 2 Name:					
Safety Officer Name:					
Other staff on scene Names / Agencies					
Pre Donning Vitals	B/P	Pulse	Res	Temp	
Time:					
Medic 1					
Medic 2					
Safety Officer					
Other Staff					
Post Doffing Vitals	B/P	Pulse	Res	Temp	
Time:					
Medic 1					
Medic 2					
Safety Officer					
Other Staff					
Doffing Protocol Occurrences / Mitigation					
Medic 1		Medic 2		Safety Officer	
Occurrence	Mitigation	Occurrence	Mitigation	Occurrence	Mitigation
Notes:					