



DATE: _____

RESCUE LOCATION: _____

WEATHER CONDITIONS: _____

RESOURCES AVAILABLE: _____

BIGFOOT SIZE ESTIMATE: _____

BIGFOOT HEALTH/INJURY STATUS: _____

SITE-SPECIFIC HAZARDS AND DANGERS: _____

P.P.E. REQUIREMENTS (I.E. FALL PROTECTION): _____

TRANSPORTATION METHOD: _____

BIGFOOT TO TRAIL: _____

TRAIL TO ROAD: _____

ROAD TO LANDING AREA/HELIPAD: _____

HELIPAD TO REGIONAL AIRPORT: _____

REGIONAL AIRPORT TO BFRL SANCTUARY/HOSPITAL: _____

EVALUATE PATHOGEN VECTORS AND PREVENTION METHODS (TICKS, FLEAS, VIRAL AND BACTERIAL, PARASITES): _____

ESTIMATED DURATION OF BIGFOOT RESCUE: _____

ESTIMATED NUMBER OF STRETCHER BEARERS: _____

DETERMINE THE SHORTEST, SAFEST TRAIL OUT: _____

STATION STRETCHER BEARERS NEEDED: _____

RESCUE COMMANDER: _____