

**CYCLE:** \_\_\_\_\_

**TEAM#:** \_\_\_\_\_

Score Sheet for Patient #1 - "SECURITY GUARD #1"

NO.	DONE	NOT DONE	SCENE/PRIMARY SURVEY
1	<input type="checkbox"/>	<input type="checkbox"/>	Did the team TAKE CHARGE of the situation?
2	<input type="checkbox"/>	<input type="checkbox"/>	Did the team wear protective GLOVES?
3	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS for HAZARDS?
4	<input type="checkbox"/>	<input type="checkbox"/>	Did the team REMOVE HAZARDS - (ensure no remaining threat & Dog calm)
5	<input type="checkbox"/>	<input type="checkbox"/>	Did the team CALL OUT FOR HELP?
6	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASK for SITUATION HISTORY?
7	<input type="checkbox"/>	<input type="checkbox"/>	Did the team DETERMINE the NUMBER OF CASUALTIES?
8	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ID SELF and OBTAIN CONSENT?
9	<input type="checkbox"/>	<input type="checkbox"/>	Did the team WARN THE CASUALTY NOT TO MOVE?
10	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY PROVIDE C-SPINE CONTROL? <i>(can be ruled out after)</i>
11	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <span style="float: right;"><i>Conscious</i></span>
12	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS AIRWAY? <span style="float: right;"><i>Open</i></span>
13	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS BREATHING? <span style="float: right;"><i>24 Shallow &amp; Regular</i></span>
14	<input type="checkbox"/>	<input type="checkbox"/>	Did the team APPLY OXYGEN APPROPRIATELY?
15	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS PULSE? (Circulation) <span style="float: right;"><i>80 Strong &amp; Regular</i></span>
16	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ASSESS SKIN CONDITION (Circulation) <span style="float: right;"><i>Pink, Warm/ Dry</i></span>
17	<input type="checkbox"/>	<input type="checkbox"/>	Did the team PERFORM A RAPID BODY SURVEY? <span style="float: right;"><i>No Major Findings</i></span>
18	<input type="checkbox"/>	<input type="checkbox"/>	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
19	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ACTIVATE EMS/AMBULANCE?

**JUDGES NOTE:**

This section is active for the first 3 minutes of the scenario only! During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey.

Actions in this section may be done in any order.

Score Sheet for Patient #1 - "SECURITY GUARD #1"

**SECONDARY SURVEY**

Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey. After the 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

NO.	DONE	NOT DONE	HISTORY OF THE PATIENT	
20	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about SYMPTOMS	<i>Eye Pain</i>
21	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about ALLERGIES?	<i>None</i>
22	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICATIONS?	<i>None</i>
23	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about MEDICAL HISTORY?	<i>None</i>
24	<input type="checkbox"/>	<input type="checkbox"/>	Did the team ask about LAST ORAL INTAKE?	<i>Coffee a few minutes ago</i>
25	<input type="checkbox"/>	<input type="checkbox"/>	Did the team determine INCIDENT HISTORY?	<i>Punched, fell back</i>
<b>1st Set of VITAL SIGNS</b>				
26	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check LEVEL OF CONSCIOUSNESS?	<i>Conscious</i>
27	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check RESPIRATIONS?	<i>24 shallow &amp; regular</i>
28	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PULSE?	<i>80 strong &amp; regular</i>
29	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check BLOOD PRESSURE	<i>134/78</i>
30	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check SKIN CONDITION/TEMP?	<i>pink, warm &amp; dry</i>
31	<input type="checkbox"/>	<input type="checkbox"/>	Did the team check PUPILS?	<i>Equal/Reactive</i>
<b>HEAD TO TOE EXAMINATION</b>				
32	<input type="checkbox"/>	<input type="checkbox"/>	Check SCALP/HEAD?	<i>No Findings</i>
33	<input type="checkbox"/>	<input type="checkbox"/>	Check both EYES?	<i>Extruded Rt. Eye ball</i>
34	<input type="checkbox"/>	<input type="checkbox"/>	Check NOSE?	<i>No Findings</i>
35	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEEKBONES?	<i>Bruising Lt. Cheek (fist)</i>
36	<input type="checkbox"/>	<input type="checkbox"/>	Check MOUTH?	<i>Cut lip</i>
37	<input type="checkbox"/>	<input type="checkbox"/>	Check JAW?	<i>No Findings</i>
38	<input type="checkbox"/>	<input type="checkbox"/>	Check both EARS?	<i>No Findings</i>
39	<input type="checkbox"/>	<input type="checkbox"/>	Check NECK?	<i>No Findings</i>
40	<input type="checkbox"/>	<input type="checkbox"/>	Check both COLLARBONES?	<i>No Findings</i>
41	<input type="checkbox"/>	<input type="checkbox"/>	Check both SHOULDERS?	<i>No Findings</i>
42	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT ARM?	<i>No Findings</i>
43	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT ARM?	<i>No Findings</i>
44	<input type="checkbox"/>	<input type="checkbox"/>	Check CHEST?	<i>No Findings</i>
45	<input type="checkbox"/>	<input type="checkbox"/>	Check ABDOMEN?	<i>No Findings</i>
46	<input type="checkbox"/>	<input type="checkbox"/>	Check BACK?	<i>No Findings</i>
47	<input type="checkbox"/>	<input type="checkbox"/>	Check PELVIS?	<i>No Findings</i>
48	<input type="checkbox"/>	<input type="checkbox"/>	Check RIGHT LEG?	<i>No Findings</i>
49	<input type="checkbox"/>	<input type="checkbox"/>	Check LEFT LEG?	<i>Lt. Ankle Pain &amp; Bruise</i>

Score Sheet for Patient #1 - "SECURITY GUARD #1"

**FIRST AID / TREATMENT**

Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey. After the 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

NO.	POINTS	DONE	RIGHT EYE BALL EXTRUSION
50	Ü	Ü	Did the team PROVIDE PROPER ASSESSMENT PRIOR TO CARE? (vision check?)
51	Ü	Ü	Did the team COVER THE EYE WITH STERILE DRESSING?
52	Ü	Ü	Did the team PROVIDE ADEQUATE PROTECTION for EYE BALL?
53	Ü	Ü	Did the team SECURE the PROTECTION IN PLACE?
FACIAL INJURIES CARE			
54	Ü	Ü	Did the team CLEAN the FACIAL ABRASIONS appropriately?
55	Ü	Ü	Did the team COVER the FACIAL ABRASIONS with STERILE DRESSINGS?
56	Ü	Ü	Did the team ASSESS the MOUTH for Further injury?
LEFT ANKLE SPRAIN CARE			
57	Ü	Ü	Did the team FULLY EXPOSE INJURY?
58	Ü	Ü	Did the team CHECK CIRCULATION PRIOR TO CARE?
59	Ü	Ü	Did the team EFFECTIVELY IMMOBILIZE THE LEFT ANKLE?
60	Ü	Ü	Did the team RE-CHECK CIRCULATION POST CARE?
SHOCK & GENERAL CARE			
61	Ü	Ü	Did the team REASSURE the patient about their OWN CARE?
62	Ü	Ü	Did the team REASSURE the patient about their COWORKERS CARE?
63	Ü	Ü	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
64	Ü	Ü	Did the team RE-check RESPIRATIONS? <i>20 Shallow &amp; Regular</i>
65	Ü	Ü	Did the team RE-check PULSE? <i>74 Strong &amp; Regular</i>
66	Ü	Ü	Did the team RE-check BLOOD PRESSURE <i>124/80</i>
67	Ü	Ü	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm &amp; Dry</i>
68	Ü	Ü	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
69	Ü	Ü	Did the team NOTIFY the EMPLOYER (Workplace Accident)?
70	Ü	Ü	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #1 - "SECURITY GUARD #1"

RECORDING for Patient #1 - INFERIOR INJURIES		
NO.	DONE	NOT DONE
71	<input type="checkbox"/>	<input type="checkbox"/>
72	<input type="checkbox"/>	<input type="checkbox"/>
73	<input type="checkbox"/>	<input type="checkbox"/>
74	<input type="checkbox"/>	<input type="checkbox"/>
75	<input type="checkbox"/>	<input type="checkbox"/>
76	<input type="checkbox"/>	<input type="checkbox"/>
77	<input type="checkbox"/>	<input type="checkbox"/>
78	<input type="checkbox"/>	<input type="checkbox"/>
79	<input type="checkbox"/>	<input type="checkbox"/>
80	<input type="checkbox"/>	<input type="checkbox"/>
81	<input type="checkbox"/>	<input type="checkbox"/>
82	<input type="checkbox"/>	<input type="checkbox"/>
83	<input type="checkbox"/>	<input type="checkbox"/>
84	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vital Signs <u>MUST</u> be the corrected #s &amp; HAVE the <u>TIME</u> recorded, to be awarded points !!!</b>		
85	<input type="checkbox"/>	<input type="checkbox"/>
86	<input type="checkbox"/>	<input type="checkbox"/>
87	<input type="checkbox"/>	<input type="checkbox"/>
88	<input type="checkbox"/>	<input type="checkbox"/>
89	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>
91	<input type="checkbox"/>	<input type="checkbox"/>
92	<input type="checkbox"/>	<input type="checkbox"/>
93	<input type="checkbox"/>	<input type="checkbox"/>
94	<input type="checkbox"/>	<input type="checkbox"/>
95	<input type="checkbox"/>	<input type="checkbox"/>
96	<input type="checkbox"/>	<input type="checkbox"/>
97	<input type="checkbox"/>	<input type="checkbox"/>
98	<input type="checkbox"/>	<input type="checkbox"/>
99	<input type="checkbox"/>	<input type="checkbox"/>
100	<input type="checkbox"/>	<input type="checkbox"/>
101	<input type="checkbox"/>	<input type="checkbox"/>
102	<input type="checkbox"/>	<input type="checkbox"/>
103	<input type="checkbox"/>	<input type="checkbox"/>
104	<input type="checkbox"/>	<input type="checkbox"/>
105	<input type="checkbox"/>	<input type="checkbox"/>
106	<input type="checkbox"/>	<input type="checkbox"/>
107	<input type="checkbox"/>	<input type="checkbox"/>

CYCLE: \_\_\_\_\_

TEAM#: \_\_\_\_\_

Score Sheet for Patient #2 - "SECURITY GUARD #2"

NO.	POINTS	DONE	SCENE/PRIMARY SURVEY
150	Ü	ü	Did the team TAKE CHARGE of the situation?
151	Ü	ü	Did the team wear protective GLOVES?
152	Ü	ü	Did the team ASSESS for HAZARDS?
153	Ü	ü	Did the team REMOVE HAZARDS - (ensure no remaining threat and dog calm)
154	Ü	ü	Did the team CALL OUT FOR HELP?
155	Ü	ü	Did the team ASK for SITUATION HISTORY?
156	Ü	ü	Did the team DETERMINE the NUMBER OF CASUALTIES?
157	Ü	ü	Did the team ID SELF and OBTAIN CONSENT?
158	Ü	ü	Did the team WARN THE CASUALTY NOT TO MOVE?
159	Ü	ü	Did the team RULE OUT C-SPINE Injury?
160	Ü	ü	Did the team ASSESS LEVEL OF CONSCIOUSNESS? <i>Conscious</i>
161	Ü	ü	Did the team ASSESS AIRWAY? <i>Open</i>
162	Ü	ü	Did the team ASSESS BREATHING? <i>24 Shallow &amp; Regular</i>
163	Ü	ü	Did the team ADMINISTER OXYGEN APPROPRIATELY?
164	Ü	ü	Did the team ASSESS PULSE? (Circulation) <i>108 Regular &amp; Bounding</i>
165	Ü	ü	Did the team ASSESS SKIN CONDITION (Circulation) <i>Pink, Warm/ Sweaty</i>
166	Ü	ü	Did the team PERFORM A RAPID BODY SURVEY? <i>Moderate Bleeding Arm</i>
167	Ü	ü	Did the team IMMEDIATELY COVER ARM WOUND to stop moderate Bleeding?
168	Ü	ü	Did the team IMMEDIATELY COVER WITH A BLANKET for shock and warmth?
169	Ü	ü	Did the team ACTIVATE EMS/AMBULANCE?

**JUDGES NOTE:**

This section is active for the first 3 minutes of the scenario only! During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey.

Score Sheet for Patient #2 - "SECURITY GUARD #2"

**SECONDARY SURVEY**

Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey. After the 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

NO.	POINTS	DONE	HISTORY OF THE PATIENT
170	Ü	Ü	Did the team ask about SYMPTOMS <i>Pain in the forearm (bite)</i>
171	Ü	Ü	Did the team ask about ALLERGIES? <i>None</i>
172	Ü	Ü	Did the team ask about MEDICATIONS? <i>None</i>
173	Ü	Ü	Did the team ask about MEDICAL HISTORY? <i>None</i>
174	Ü	Ü	Did the team ask about LAST ORAL INTAKE? <i>A couple hours ago</i>
175	Ü	Ü	Did the team determine INCIDENT HISTORY? <i>Accidental Dog bite</i>
<b>1st Set of VITAL SIGNS</b>			
176	Ü	Ü	Did the team check LEVEL OF CONSCIOUSNESS? <i>Consious</i>
177	Ü	Ü	Did the team check RESPIRATIONS? <i>24 Shallow &amp; Regular</i>
178	Ü	Ü	Did the team check PULSE? <i>108 Regular &amp; Bounding</i>
179	Ü	Ü	Did the team check BLOOD PRESSURE <i>156/96</i>
180	Ü	Ü	Did the team check SKIN CONDITION/TEMP? <i>Pink, Warm, Sweaty</i>
181	Ü	Ü	Did the team check PUPILS? <i>Equal/Reactive</i>
<b>HEAD TO TOE EXAMINATION</b>			
182	Ü	Ü	Check SCALP/HEAD? <i>No Findings</i>
183	Ü	Ü	Check both EYES? <i>No Findings</i>
184	Ü	Ü	Check NOSE? <i>No Findings</i>
185	Ü	Ü	Check CHEEKBONES? <i>Abrasions to Cheek</i>
186	Ü	Ü	Check MOUTH? <i>No Findings</i>
187	Ü	Ü	Check JAW? <i>No Findings</i>
188	Ü	Ü	Check both EARS? <i>No Findings</i>
189	Ü	Ü	Check NECK? <i>No Findings</i>
190	Ü	Ü	Check both COLLARBONES? <i>No Findings</i>
191	Ü	Ü	Check both SHOULDERS? <i>No Findings</i>
192	Ü	Ü	Check RIGHT ARM? <i>Abrasions to Forearms</i>
193	Ü	Ü	Check LEFT ARM? <i>20 punctures &amp; Abr. To arms</i>
194	Ü	Ü	Check CHEST? <i>No Findings</i>
195	Ü	Ü	Check ABDOMEN? <i>No Findings</i>
196	Ü	Ü	Check BACK? <i>No Findings</i>
197	Ü	Ü	Check PELVIS? <i>No Findings</i>
198	Ü	Ü	Check RIGHT LEG? <i>Abrasions to Knees</i>
199	Ü	Ü	Check LEFT LEG? <i>Abrasions to Knees</i>

Score Sheet for Patient #2 - "SECURITY GUARD #2"

**FIRST AID / TREATMENT**

Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the Primary Survey. After the 3 first minutes, this is the only section that points shall be awarded to.

Actions in this section may be done in any order.

NO.	POINTS	DONE	20 PUNCTURE WOUNDS (DOG BITES) TO LEFT ARM
200	Ü	Ü	Did the team FULLY EXPOSE INJURY?
201	Ü	Ü	Did the team CLEANSE the PUNCTURE WOUNDS?
202	Ü	Ü	Did the team COVER ALL PUNCTURES with STRILE DRESSINGS?
203	Ü	Ü	Did the team CHECK CIRCULATION PRIOR TO CARE?
204	Ü	Ü	Did the team SECURE the DRESSINGS with an APPROPRIATE BANDAGE?
205	Ü	Ü	Did the team RE-CHECK CIRCULATION POST CARE?
ABRASIONS TO CHEEKS			
206	Ü	Ü	Did the team CLEANSE the CHEEK ABRASIONS?
207	Ü	Ü	Did the team COVER ABRASIONS with STERILE DRESSINGS?
208	Ü	Ü	Did the team SECURE ALL CHEEK ABRASION DRESSINGS IN PLACE?
ABRASIONS TO FOREARMS			
209	Ü	Ü	Did the team FULLY EXPOSE INJURY?
210	Ü	Ü	Did the team CLEANSE the BILATERAL FOREARM ABRASIONS?
211	Ü	Ü	Did the team COVER ABRASIONS with STERILE DRESSINGS?
212	Ü	Ü	Did the team SECURE ALL FOREARM ABRASION DRESSINGS IN PLACE?
ABRASIONS TO KNEES			
213	Ü	Ü	Did the team FULLY EXPOSE INJURY?
214	Ü	Ü	Did the team CLEANSE the BILATERAL KNEE ABRASIONS?
215	Ü	Ü	Did the team COVER ABRASIONS with STERILE DRESSINGS?
216	Ü	Ü	Did the team SECURE ALL FOREARM ABRASION DRESSINGS IN PLACE?
SHOCK & GENERAL CARE			
217	Ü	Ü	Did the team REASSURE the patient about their OWN CARE?
218	Ü	Ü	Did the team REASSURE the patient about their COWORKERS CARE?
219	Ü	Ü	Did the team RE-check LEVEL OF CONSCIOUSNESS? <i>Consious</i>
220	Ü	Ü	Did the team RE-check RESPIRATIONS? <i>18 Shallow &amp; Regular</i>
221	Ü	Ü	Did the team RE-check PULSE? <i>88 Regular &amp; Full</i>
222	Ü	Ü	Did the team RE-check BLOOD PRESSURE <i>148/96</i>
223	Ü	Ü	Did the team RE-check SKIN CONDITION/TEMP? <i>Pink/ Warm &amp; Sweaty</i>
224	Ü	Ü	Did the team RE-check PUPILS? <i>Equal/Reactive</i>
225	Ü	Ü	Did the team NOTIFY EMPLOYER (Workplace Accident)?
226	Ü	Ü	Were GLOVES EFFECTIVE THROUGHOUT? (Torn gloves MUST be replaced!)

Score Sheet for Patient #2 - "SECURITY GUARD #2"

NO.	POINTS	DONE	RECORDING for PATIENT #2 - SUPERIOR INJURIES
227	Ü	Ü	Was ALL of the patients PERSONAL INFORMATION recorded?
228	Ü	Ü	Was the INCIDENT TIME AND DATE recorded?
229	Ü	Ü	Was the INCIDENT LOCATION recorded?
230	Ü	Ü	Was the INCIDENT HISTORY (Accurately) recorded?
231	Ü	Ü	Was the patients LACK OF ALLERGIES recorded?
232	Ü	Ü	Was the patients LACK OF MEDICATIONS recorded?
233	Ü	Ü	Was the patients LACK OF MEDICAL HISTORY recorded?
234	Ü	Ü	Was the LAST ORAL INTAKE (a couple hrs Ago) recorded?
235	Ü	Ü	Was the suspected DOG BITE recorded?
236	Ü	Ü	Was the SYMPTOMS (pain) and SIGNS (wounds) recorded?
237	Ü	Ü	Was the BILATERAL CHEEK ABRASIONS recorded?
238	Ü	Ü	Was the BILATERAL FOREARM ABRASIONS recorded?
239	Ü	Ü	Was the BILATERAL KNEE ABRASIONS recorded?
240	Ü	Ü	Was the SUSPECTED VOLUME of (MODERATE) BLOOD LOSS RECORDED?
<b>Vital Signs <u>MUST</u> be the corrected #s &amp; HAVE the <u>TIME</u> recorded, to be awarded points !!!</b>			
241	Ü	Ü	Was 1st set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
242	Ü	Ü	Was 1st set of vital signs - RESPIRATIONS recorded?
243	Ü	Ü	Was 1st set of vital signs - PULSE recorded?
244	Ü	Ü	Was 1st set of vital signs - BLOOD PRESSURE recorded?
245	Ü	Ü	Was 1st set of vital signs - SKIN CONDITION recorded?
246	Ü	Ü	Was 1st set of vital signs - PUPILS recorded?
247	Ü	Ü	Was 2nd set of vital signs - LEVEL OF CONSCIOUSNESS recorded?
248	Ü	Ü	Was 2nd set of vital signs - RESPIRATIONS recorded?
249	Ü	Ü	Was 2nd set of vital signs - PULSE recorded?
250	Ü	Ü	Was 2nd set of vital signs - BLOOD PRESSURE recorded?
251	Ü	Ü	Was 2nd set of vital signs - SKIN CONDITION recorded?
252	Ü	Ü	Was 2nd set of vital signs - PUPILS recorded?
253	Ü	Ü	Was the APPLICATION OF OXYGEN recorded? (if applied)
254	Ü	Ü	Was the TYPE OF OXYGEN DELIVERY DEVICE & FLOW RATE recorded? (if applied)
255	Ü	Ü	Was the LEFT ARM CIRCULATION STATUS recorded?
256	Ü	Ü	Was the CARE OF THE 20 PUNCTURE WOUNDS/BITE recorded?
257	Ü	Ü	Was the CARE OF THE BILATERAL CHEEK ABRASIONS recorded?
258	Ü	Ü	Was the CARE OF THE BILATERAL FOREARM ABRASIONS recorded?
259	Ü	Ü	Was the CARE OF THE BILATERAL KNEE ABRASIONS recorded?
260	Ü	Ü	Was the NOTIFICATION OF EMS WITH TIME recorded?
261	Ü	Ü	Was the NOTIFICATION OF EMPLOYER WITH TIME recorded?
262	Ü	Ü	Was the Name(s) of the first aid team LEGIBLY recorded?