Genesee County Firefighter Rehab Form

Date:___/___/___ Time:___:___ Ambient Temp:_____ Weather Conditions:_____

Incident Hazards:_____ Incident Location:_____

Departments Present:_____ Rehab Area Climate:_____

_____ Fluids Provided:_____

Food Provided:_____ Other Info:_____

FF Name and Tag # (Include department county number)	# of SCBA bottles use until now	Time In	BP In	HR In If > 110 HOLD	Temp If > 100.6 HOLD	If + Assess. findings consider transport. Complete PCR (✓ if referred to command)	Fluid Amount (1 L/Hr-50/50 water + commercial activity beverage	Food Amount (> 3hr scene use broth, soup, stew, and/or fruits	Climate Rehab (Amount of time in if heat index > 90F or wind chill < 10F)	Time Out	BP Out	HR Out If > 110 HOLD
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