Virginia Tech Rescue Squad
Standby Report Form

Incident # 		 Incident in ☐ CITY ☐ COUNTY of: ________________________________
Agency: ________________ VTRS (221) 	 Units: ________________________________
Inc. Location: ________________________________

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Type of Service</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Home/Residence</td>
<td>4 Standby</td>
<td></td>
</tr>
<tr>
<td>2 Farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Mine/Quarry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Industrial Place/Premises</td>
<td>10 Other Specified Location</td>
<td></td>
</tr>
<tr>
<td>5 Recreation Place</td>
<td>NA Not Applicable</td>
<td></td>
</tr>
<tr>
<td>6 Street/Highway</td>
<td>U Unknown</td>
<td></td>
</tr>
</tbody>
</table>

TIMES (24 Hour Format)
Responding
Arrive Scene
Leave Scene
Return Service

Level of Care Available
1 ALS
2 BLS

Name of Organization __________________________________________
Contact Person ______________________________________________
VTRS Manhours __________________________

Attendant in Charge __________________________ Cert # __________ Signature __________________________

Other Personnel __________________________________________
Law Officers __________________________________________
Fire Personnel __________________________________________

Total Number of Patients: _______ Transports: _______ Refusals: _______

Narrative _______________________________________

University Affiliation
1 Student Org.
2 Department
3 Auxiliary
0 Other: