

POST DEFUSING REPORT

LEAD DEFUSER _____ DEFUSING INCIDENT # _____

ASSISTANT DEFUSER _____ DEFUSERS ON OR OFF DUTY? _____

DATE OF DEFUSING _____ TIME STARTED _____ TIME ENDED _____

LENGTH OF DEFUSING _____

IF DEFUSING WAS LATE, WHY? _____

NATURE OF CALL: INFANT/CHILD, MULTIPLE VICTIMS, MVA, CLOSE CALL,
(Circle One) FIRE INJURY/FATALITY, FIREFIGHTER INJURY/DEATH, OTHER.

IF OTHER, EXPLAIN _____

NUMBER OF STAFF ATTENDING DEFUSING _____

DATES OF FOLLOW UP

1	_____	5	_____
2	_____	6	_____
3	_____	7	_____
4	_____	8	_____

FOLLOW UP COMPLETE?

DEBRIEFING RECOMMENDED? _____

COMMENTS: (Brief Summary, Causes for Concern, Recommendations).

PLEASE MAINTAIN CONFIDENTIALITY-NO NOTES ON WHAT WAS SAID IN DEFUSING!