

Standard Operating Procedure 201.07a Post Incident Review Form	Page 1 of 3
City of Charleston Fire Department Standard Operating Procedure Effective Date 2/20/2008 Revised 11/1/2009	
By the Authority of the Fire Chief	

#	TASK	ANSWERS/COMMENTS
1	Was the call dispatched properly? This includes the correct address, cross streets, closest hydrant, business name, special hazards, assigned talk group or channel and dispatching the closest units.	
2	Did the first arriving officer give a complete size-up and assume or pass command?	
3	Who completed the first 360?	
4	Was there a good reason to believe that a rescue would be required and if yes what was the reason?	
5	Who were the 2 in and 2 out and were the 2 outs names announced over the radio?	
6	Did the RIT relieve or augment the 2 out properly?	
7	Did the RIT operate and monitor the Pak Tracker?	
8	Who initiated and completed the initial water supply?	
9	Who supplied sprinkler and standpipe connections?	
10	Who checked the roof?	
11	Was the aerial able to position where they could set up their ladder in a useful way?	
12	Was the aerial set up and used, if needed?	
13	Who checked exposures?	
14	Did the first arriving Chief receive a transfer of command from the original IC (Company Officer)	

15	Did the final IC establish a stationary command post, from the car and at a good location?	
16	Who was assigned to be ISO?	
17	Did the ISO remain mobile and concentrate solely on ISO responsibilities?	
18	Were regular and useful CANs transmitted?	
19	If mutual aid was used, was coordination between agencies good?	
20	Did teams and companies report completion of assignments and receive new assignments from the IC or division leader prior to beginning another task?	
21	Who staffed the backup line?	
22	Was a second means of egress established for all floors? This can mean the removing of window bars, boarding, laddering of upper floors or roof, etc.	
23	Were the utilities turned off?	
24	Was accountability maintained of all personnel on scene and who was assigned this task?	
25	Was rehab established and properly equipped.	
26	Was there an EMS unit on scene and assisting with rehab?	
27	Were additional units, beyond the initial dispatch, needed/requested?	
28	Was staging set up to accommodate additional units, until assigned?	
29	Were time notifications given?	
30	Was a PAR properly completed? How many?	
31	Were any Mayday parameters breeched? If so describe the incident thoroughly below.	
32	Was air monitoring equipment used to determine when personnel could stop using their SCBAs?	
33	Grade the overall quality of radio communications throughout the call and describe any problems.	

Additional Comments/Recommendations

Incident Date_____ **Post Incident Review Date**_____

Incident #_____ **Incident Address**_____

Name (Officer completing this form) _____