AR Operations Management tool

used to collate Worksite Triage forms, Worksite Reports and manage USAR operations.

E1	E2		E2		E3	E4	F1		F2	
Worksite Id	**GPS - Coordinates** Lat N/S ±dd.dddd° Long E/W ±ddd.dddd°		**Alternative Coordinates** WGS84 Non decimal format or different datum		**Street/ Street Number, Place Name**	**Additional Worksite boundary description**	Assessment Team Id.		Date of assessment	
	Lat (N/S)	Long (E/W)	Lat (N/S)	Long (E/W)						
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
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	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
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	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM
	±dd.dddd °	±ddd.dddd °					AAA	00	DD	MMM

Worksite address information

	F. Initial Sector Assessment (list of worksites in sector)																			
F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14									F
Time of assessment	Building Use	Construction type	Floor Area	No. of floors	No of basements	Total no. missing persons	No. of live contacts	Triage Category	Degree of damage %	Type of collapse	Unusual hazards at the Worksite	A	B	C	D	E	F
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15	F16	F17	G1	G2	G3	G4	G5	G6	G7	G8	G9
											G. Worksite Situation
Estimated time, personnel and equipment needed for the operations.	**Local safety and security situation**	**Other information**	**Reporting Period: Start date**	**Start time reporting period**	**Assigned Team ID**	**2nd Assigned Team ID**	**ASR Level in progress**	**Level status: in progress or complete**	**Live rescues completed (this period)**	**Dead persons recovered (this period)**	**Other operational activity at the Worksite**
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			DD MMM	hh mm	AAA 00	00					
			DD MMM	hh mm	AAA 00	00					
			DD MMM	hh mm	AAA 00	00					
			DD MMM	hh mm	AAA 00	00					
			DD MMM	hh mm	AAA 00	00					
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			DD MMM	hh mm	AAA 00	00					
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			DD MMM	hh mm	AAA 00	00					
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			DD MMM	hh mm	AAA 00	00					

Reports								G. Worksite Planning Information				
G10	**G11**	**G12**	**G13**	**G14**	**G15**	**G16**	**G17**	**G18**	**G19**	**G20**	**G21**
Resources able to be released from the Worksite	Local safety security situation	Operationally relevant local onsite contacts	End date of reporting period	End time of reporting period	Report number	Assignment completed or in progress	Total missing persons remaining	Confirmed live contacts or rescues remaining	Outline Plan of Action for next operational period	Logistical Needs and other information	Estimated co assign
							0	**0**			**Date**
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G22	
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Time		Work
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E and F Section (Worksite Triage) - Guidance Notes

E1	Worksite ID: part 1 is the allocated Sector letter, part 2 is the number allocated to the Worksite e.g C-6. If no sector letter is allocated yet then just apply a number. The sector letter has to be inserted when possible.
E2	GPS coordinates of the Worksite, taken at the Worksite marking: Standard GPS format is: Map datum WGS84 or other if indicated by LEMA If possible use decimal coordinates e.g. Lat ±dd.dddd° Long ±ddd.dddd° If another format is used then use the lower boxes and state clearly on the form the format used.
E3	Street address or local name of the Worksite
E4	Additional Worksite boundary description if it is not clear what the Worksite ID includes. E.g a hospital may be a Worksite but include several associated buildings, this should be explained here, possibly with a sketch plan on the rear of the form to make it clear.
F1	Team ID of the team carrying out the assessment: 3 letter Olympic country code followed by national team number
F2	Date when the triage assessment was completed; the date written as a number, the month given by 3 letters e.g. 13 APR
F3	Time when the triage assessment was completed; 24hr clock using local time
F4	Describe the main use of the building e.g. hospital, factory, office, temple, dwelling, school, apartments with car park in the basement etc.
F5	Describe the main construction type e.g. reinforced concrete, steel frame, brick, masonry, timber frame
F6	Give the dimensions of the 'footprint' of the building/debris pile in metres x metres e.g 25m x 40m
F7	Give the number of floors above ground
F8	Give the number of basements (if applicable)
F9	Give the estimated **total** number of persons trapped, missing or unkown at the Worksite
F10	Of the total number, how many confirmed **live** contacts are there?
F11	Determine the Triage letter; using the triage matrix opposite and the separate full triage tree
Definitions of voids	A **big void** is big enough for a person to crawl. The chances of survival for a victim are greater in big voids than small voids. "Big" is a relative term, i.e., a big void for a child will be considerably smaller than a big void for an adult. A **small void** is where a person can hardly move and has to lie more or less still while waiting for help. In small voids the chances of injury are higher as people trapped inside have less space to avoid falling objects and collapsing structural elements.
F12	Estimate the degree of damage as a percentage e.g. 50%, 75%,
F13	Briefly describe the type or types of collapse/damage e.g. pancake, lean to, total, upright but with dangerous cracks etc.
F14	Provide brief details of any unusual hazards that might affect USAR operations at the Worksite
F15	Give a brief assessment of the USAR operations that are needed:- Mark the tick boxes to show the types of USAR work likely to be required and; Use the text box to give an initial estimate of the **personnel, equipment** and **time** likely to be needed to carry out the operations.
F16	Briefly describe the **local** safety and security situation at the Worksite
F17	Other Information e.g. Any photographs attached, local contacts details, number of known dead bodies at the site etc.

G Section (Worksite Report) - Guidance Notes

E1	Worksite ID: Part 1 is the allocated Sector letter, Part 2 is the number allocated to the Worksite e.g C-6 If no sector letter is allocated yet then just apply a number.
E2	GPS coordinates of the Worksite, taken at the Worksite marking: Standard GPS format is: Map datum WGS84 If possible use decimal coordinates e.g. Lat ±dd.dddd° Long ±ddd.dddd° If another format is used then use the lower boxes and state clearly on the form the format used.
E3	Street address or local name of the Worksite
E4	Additional Worksite boundary description if it is not clear what the Worksite ID includes. E.g a hospital may be a Worksite but include several associated buildings, this should be explained here, possibly with a sketch plan on the rear of the form to make it clear.
G1	Start date of the current operational reporting period; Day shown as a number, month shown by three letters e.g 12 NOV
G2	Start time of the current operational reporting period; 24hr clock local time
G3	Team ID of the team assigned to carry out USAR operations at the Worksite: 3 letter Olympic country code followed by national team number
G4	Team ID of a second team if two teams are assigned to the same Worksite: 3 letter Olympic country code followed by national team number
G5	State the Assessment, Search and Rescue (ASR) level; insert 3, 4 or 5 in the box
G6	State whether the ASR level work is completed or still in progress, circle it.
G7	Enter the number of live rescues **completed** in the reporting period, there should be an Victim Extrication Form completed for each victim.
G8	Enter the number of dead persons recovered in the reporting period, there should be an Victim Extrication Form completed for each victim.
G9	List other relevant operational activities taking place at the Worksite e.g. Extensive shoring operations, local crane operators assisting with heavy lifting operations.
G10	List any resources that could be released from the Worksite e.g. cranes no longer needed.
G11	Briefly describe the **local** safety and security situation at the Worksite
G12	List any relevant local contacts at the Worksite e.g. building owner, local rescue team leader, local crane operators.
G13	End date of the current operational reporting period; Day shown as a number, month shown by three letters e.g 12 NOV
G14	End time of the current operational reporting period; 24hr clock local time
G15	If lengthy operations at a Worksite generate multiple Reports then each Worksite Report Form for the same Worksite should numbered sequentially.
G16	Mark here if the assignment at this Worksite is complete or not (Y or N)
G17	To help with planning; show the number of persons still thought to be missing at the Worksite
G18	How many live, positive contacts or rescues are still known at the Worksite?
G19	Give an outline of the intended Plan of Action at the Worksite for the next operational period.
G20	List any logistical needs the teams has for it's ongoing operations at the Worksite plus any other relevant information e.g. Any photographs attached, number of known dead bodies at the site etc.
G21	Give an estimated date of when the Worksite assignment might be completed
G22	Give an estimated time of when the Worksite assignment might be completed
G23	List the reference numbers of any Victim Extrication forms completed during the reporting period. This is the Worksite ID and the victim number combined.