Individual Air Consumption Worksheet

Name: _____ **Date:** _____

Pre-Course Medical Assessment

Time: _____ Pulse:_____ B/P: _____

Temp: _____ R/R: _____

General feeling of health: _____

Post-Course Medical Assessment

Time: _____ Pulse:_____ B/P: _____

Temp: _____ R/R: _____

General feeling of health: _____

Post 10 Minute Course Medical Assessment

Time: _____ Pulse:_____ B/P: _____

Temp: _____ R/R: _____

General feeling of health: _____

Individual Air Consumption Worksheet

Staring air cylinder pressure: _____ Starting Time: _____

	Stair Climb	Hose Drag	Equip. Carry	Ladder Raise	Forcible Entry	Search	Rescue Drag	Ceiling Breach
Lap 1								
Starting Pressure								
Ending Pressure								
Time								
Lap 2								
Starting Pressure								
Ending Pressure								
Time								
Lap 3								
Starting Pressure								
Ending Pressure								
Time								

Time of Low Air Alarm: _____ Time off Air: _____

Time on Air _____ minus Time off Air equals _____ Total Cylinder Time _____

Low Air Alarm _____ minus Time off Air equals _____ Reserve Air Time _____

Time on Air _____ minus Low Air Alarm _____ Working Air Time _____