



## The Metro CISM Team

### Service Report

#### Team Responders Sign

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Location

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Date of Incident

Date of Debriefing/Defusing

Total # of Participants

Start Time

End Time

County

#### Agencies Attending: # from each discipline

<hr/>	<input type="checkbox"/> Law Enforcement
<hr/>	<input type="checkbox"/> Dispatchers
<hr/>	<input type="checkbox"/> Firefighters
<hr/>	<input type="checkbox"/> Medical 1st Responders
<hr/>	<input type="checkbox"/> Hospital Emergency Dept. Personnel
<hr/>	<input type="checkbox"/> Other <hr/>

#### Type of Service

<input type="checkbox"/> Debriefing
<input type="checkbox"/> Defusing
<input type="checkbox"/> One-on-One
<input type="checkbox"/> CMB
<input type="checkbox"/> Pre-Incident Training

#### Debriefing & Defusing Only: Choose ONE

<input type="checkbox"/> Death/Injury Child	<input type="checkbox"/> Fire Death/Injury
<input type="checkbox"/> SIDS	<input type="checkbox"/> Crime Death/Injury
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Suicide
<input type="checkbox"/> Motor Vehicle Accident	<input type="checkbox"/> Severe Trauma/Medical
<input type="checkbox"/> L.O.D. Death	<input type="checkbox"/> Multiple Casualty/Disaster
<input type="checkbox"/> Multiple Events	<input type="checkbox"/> Threat-Danger to responders
<input type="checkbox"/> Construction Accident	<input type="checkbox"/> Co-Worker Death/Injury
<input type="checkbox"/> Other <hr/>	

This form is to be completed immediately following a debriefing/defusing by the Mental Health person attending. Please forward this form within three (3) days to: The Metro CISM Team, 7809 Southtown Center, Suite 174, Bloomington MN 55431.