

Medical Personnel Surgical Assessment Review:

Medical Certifier Name: _____ **MPS #** _____

Crew Location: _____ **Time:** _____ - _____

Lead Medical Personnel Name: _____ **Cert I.D. #** _____

Medical Position/Designation: TS - TD - TN - MC - INT **Medical Equipment:**

Hard Hat: Y - N / **MO Supply:** Y - N

Work Bottoms: Y - N / **MO Supply:** Y - N

Ear Protection: Y - N / **MO Supply:** Y - N

St. Toe Boots: Y - N / **MO Supply:** Y - N

Safety Glasses: Y - N / **MO Supply:** Y - N

Chainsaw Pts: Y - N / **MO Supply:** Y - N

Hi-Viz Outer Top: Y - N / **MO Supply:** Y - N

Chainsaw Chaps: Y - N / **MO Supply:** Y - N

Chain Saws: Y - N / **MO Supply:** Y - N

Saw: TRIM - CLI - GRND - MED - LG - PPS

Medical Procedure Risk & Assessment Level: TOPO - MIN - INTRU - MAJOR - EME - REM

Airial Ascension Gear: Y - N - NA / **Comp Issue:** Y - N - NA / **Ascension Gear Info:** _____

Work Procedure Performed: **Medical:** Y - N **Removal:** Y - N **Medical Crew:** Y - N

Description: _____

Medical Work Performed: Y - N / **Description:** _____

Deadwood: Y - N / **Weight Reduction:** Y - N / **Wind Sail Reduction:** Y - N

Cosmetic Reduction: Y - N / **Size Reduction:** Y - N / **Interior Canopy Reduction:** Y - N

Exterior Canopy Reduction: Y - N / **Bonsai Aesthetics on Finished Procedure:** Y - N

MC Signature: _____ **MCS I.D. #:** _____ **Date:** _____

LMP Signature: _____ **LMPS I.D. #:** _____