

## APPLY A LONG SPINE BOARD

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLE:** V  
**REFERENCE:** STP 8-68W13-SM-TG, Task 081-833-0181, Apply a Long Spine Board

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.  
**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.  
**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.  
**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI) \_\_\_\_\_ 2. **Date** (YYYYMMDD) \_\_\_\_\_

**SCENARIO:**

An infantryman moving through a built-up area has the point on a combat patrol. An artillery round impacts approximately 25 meters from where he was standing and he was thrown against a stone wall. You are an evacuation aidman driving a HMMWV ambulance. The area has been secured and the platoon's Soldier Medic has stabilized the patient. You must fully immobilize the patient on a long spine board for transport; you have been provided the necessary medical equipment.

### GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>3. Performance Measures</b>						
a. Checked for signs and symptoms of a spinal injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Placed the patient on a long spine board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Secured the patient to the long spine board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Evacuated the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Demonstrated Proficiency** Yes  No

<b>5. Start Time</b>	<b>6. Stop Time</b>	<b>7. Initial Evaluator</b>
<b>8. Start Time</b>	<b>9. Stop Time</b>	<b>10. Retest Evaluator</b>
<b>11. Start Time</b>	<b>12. Stop Time</b>	<b>13. Final Evaluator</b>

**14. Evaluator's Comments**

This form was prepared by U.S. Government employees for use in the 68W MOS. Although it contains, in part, copyrighted material from National Registry of Emergency Medical Technicians, Inc. (NREMT), skill sheets ©2011, this form has neither been prepared nor approved by NREMT. Use is restricted to guidelines contained in the Preface to TC 8-800.