HORRY COUNTY FIRE RESCUE

IO Administration Form

Date:_____ Unit Number:_____

CAD #:_____

IO Needle Used (circle one): Adult Pediatric LD Needle

Number of Needles Used (circle one): 1 2 3

Name of Person Placing IO: _____

Name of Person Placing IO: If other than listed above _____

Name of Person Placing IO: If other than listed above _____

Comments:

Administrative Review / Comments: