## EFMB Test Score Sheet

**EVAC — EVACUATE A CASUALTY USING A SKED LITTER**

*(For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)*

### CANDIDATE’S RANK AND NAME

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<tr>
<th>CANDIDATE #</th>
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### TASK: EVACUATE A CASUALTY USING A SKED LITTER.

### CONDITIONS: Given a non-ambulatory casualty who needs to be evacuated and a SKED litter is available.

### STANDARDS: Successfully package casualty onto a SKED and move them without causing further injury.

### NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.

#### PERFORMANCE STEPS/MEASURES

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1. Remove and prepare the SKED litter.
   a. Remove SKED from pack and place on ground.
   b. Unfasten retainer strap, step on foot end of SKED and unroll completely to opposite end.
      1. Bend the SKED in half and back roll. Repeat with opposite end of SKED.
      2. SKED litter will now lay flat.
   c. Place SKED litter next to casualty. Ensure head end of litter is adjacent to the head of casualty. Place cross straps under SKED.

2. Load the casualty on the SKED litter by completing either of the following:
   a. Log roll casualty and slide SKED as far under casualty as possible. Gently roll casualty down on the SKED litter. Slide casualty to center of SKED litter. Be sure to keep spinal column as straight as possible.
   b. For a casualty on a long spine board, lift and place the long spine board in the center of the SKED litter.

3. Pull straps out from under SKED litter.

4. Lift sides of SKED and fasten the four cross straps to buckles directly opposite the straps.

5. Lift foot portion of SKED and feed foot straps thru unused grommets at foot end of SKED and fasten to buckles.

### NOTE: Casualty’s feet will be placed inside of the foot straps.

6. Attach the dragline to the head portion of the SKED litter and use to transport the casualty off the battlefield.

7. Evacuate the casualty as directed without assistance.

8. Complete all required performance steps/measures without causing further injury.

9. Met all administrative requirements for this task

### REASON(S) FOR FAILURE

### DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)

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<th>YES</th>
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### LANE OIC/NCOIC INITIALS

### EVALUATOR’S SIGNATURE

### DATE

*Worksheet # 027 to construct AMEDDC&S HRCOE Form 1232, 1 MAR 19*