# VICTIM TREATMENT AREA RECORD

| DATE: | PERSON REPORTING: | PAGE #: |
|---|---|---|

| TIME IN | NAME OR DESCRIPTION | TRIAGE TAG | CONDITION | MOVED TO: | TIME OUT |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR MEDICAL TREATMENT AREA

Document each person brought to the treatment area. If victim cannot give name, write a brief description, e.g., sex, approximate age, hair color, race, etc.
Tag color: red=Immediate, yellow=Delayed, green=Minor, black=DEAD.