VICTIM TREATEMENT AREA RECORD

Medical Treatment Manager (Blue Vest)

CERT DIST:

DATE:	**PERTSON REPORTING:**	**PAGE #:**

TIME IN	NAME OR DESCRIPTION	TRIAGE TAG #	TRIAGE AREA	CONDITION	MOVED TO:	TIME OUT

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 AREA: red=immediate, yellow=Delayed, green=Minor, Black=DEAD