

## VICTIM TREATMENT AREA RECORD

Medical Treatment Manager (Blue Vest)

<b>CERT DIST:</b>							
<b>DATE:</b>	<b>PERSON REPORTING:</b>					<b>PAGE #:</b>	
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