VICTIM TREATMENT AREA RECORD

TOWN OF DAVIE FIRE RESCUE

COMMUNITY EMERGENCY RESPONSE TEAM

DATE: / /	PERSON REPORTING:			PAGE: OF	
TIME IN	NAME OR DESCRIPTION	TRIAGE TAG	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 color: (R)ed=Immediate, (Y)ellow=Delayed, (G)reen=Minor, (B)lack=DEAD