USU 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