



Mission Number _____
 (For office use)

First Aid Treatment Area Record

Neighborhood Name: _____ Number: _____ Incident or Event Name: _____ Date: _____

Triage Tag: If known	Name or description of person:	Condition:	Reported By:	Time:		Moved To:	Comments:
				IN	OUT		

→ Triage Tag:
Red = Immediate
Yellow = Delayed
Green = Minor
Black = Deceased

→ Name or Description: If victim cannot give name, write a brief description (i.e. sex, approx. age, hair color, race, etc.)