VICTIM TREATMENT AREA SUMMARY

CERT TEAM	DATE

TREATMENT AREA/LOCATION

		GREEN	YELLOW	RED	BLACK
Indicate number of victims in each status ➡					

TIME IN	VICTIM NUMBER	TRIAGE STATUS	CONDITION/TREATMENT (update as required)	AMBL #	TIME OUT
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			
		R Y G B			

Medical Treatment Personnel Signature:	Page of

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SEE REVERSE SIDE FOR ADDITIONAL INFORMATION