



**CERT Triage Form  
Charleston County CERT**

**Team #** \_\_\_\_\_ **Completed By:** \_\_\_\_\_

**Victim Status**

<b>Location</b>	<b>Immediate ( I )</b>	<b>Delayed ( D )</b>	<b>Minor ( M )</b>	<b>Dead</b>
<b>A:</b>				
<b>B:</b>				
<b>C:</b>				
<b>D:</b>				
<b>Total Victims From All Locations</b>  # _____	<b>Total</b>  # _____	<b>Total</b>  # _____	<b>Total</b>  # _____	<b>Total</b>  # _____

Forward completed form to  
Medical Group Leader