VICTIM TREATMENT AREA RECORD
CHARLESTON COUNTY CERT

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.