City of Folsom
CERT
Community Emergency Response Team

VICTIM TREATMENT AREA RECORD

Person Reporting: _____ **Page:** _____ **of** _____

TIME IN	NAME OR DESCRIPTION	TRIAGE TAG (I, D, M)	CONDITION	MOVED TO:	TIME OUT

FOR MEDICAL TREATMENT AREA

Rev. 0

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=**I**mmediate, yellow=**D**elayed, green=**M**inor, black=Deceased.