

Date: \_\_\_\_\_ Incident name: \_\_\_\_\_ Med Grp Sup: \_\_\_\_\_  
 Begin: \_\_\_\_\_ End: \_\_\_\_\_ Location: \_\_\_\_\_ Contact #: \_\_\_\_\_

Pt #	Time	Sex	Age	Immed	Delayed	Minimal	Expectant	Dead	Injury	Triage Tag#	Trauma Triage Criteria	Unit #	Hosp
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
											Y / N		
<b>TOTAL</b>													