

VICTIM TREATMENT AREA RECORD	CERT Division:	Date:
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Treatment Area Location:

Time In	Name or Description	Triage Tag	Condition/Treatment (update as needed)	Moved To	Time Out
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

Scribe(s):	Page _____ of _____
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