

<b>VICTIM TREATMENT AREA RECORD</b>		CERT	DATE		
TREATMENT AREA LOCATION					
TIME IN	NAME OR DESCRIPTION	TRIAGE TAG (circle)	CONDITION/TREATMENT (update as needed)	MOVED TO	TIME OUT
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
SCRIBE(S)				PAGE ____ OF ____	

CERT FORM #5