

# TRIAGE TAG

## Scene Observations

- Chemical \_\_\_\_\_
- Biological \_\_\_\_\_
- Radiological \_\_\_\_\_
- Explosion \_\_\_\_\_
- Other \_\_\_\_\_

## Treatment

Time	Treatment/Drug/Dosage

## Vital Signs

Time	B/P	Pulse	Respiration

**DECEASED**

**Expectant**

**Minimal**

**Delayed**

**Immediate**

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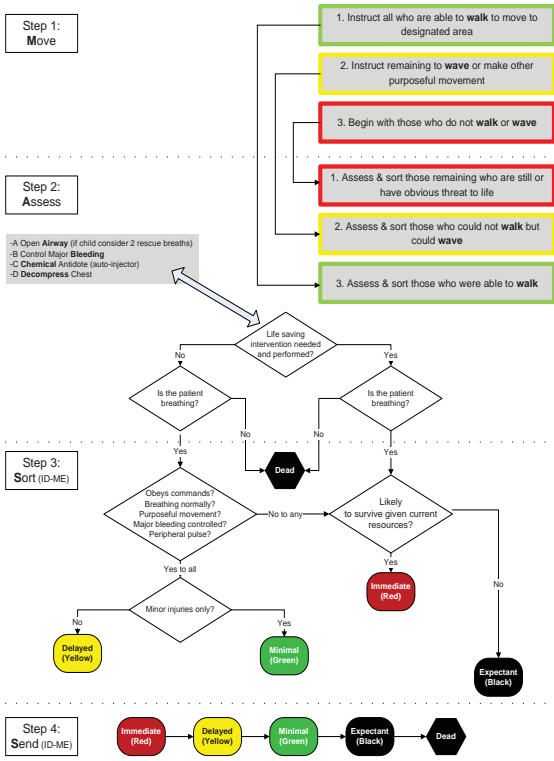
**Expectant**

**Minimal**

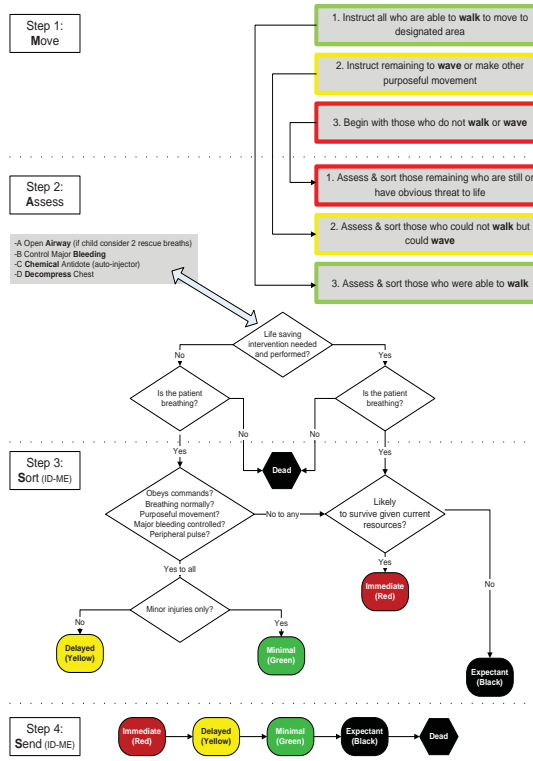
**Delayed**

**Immediate**

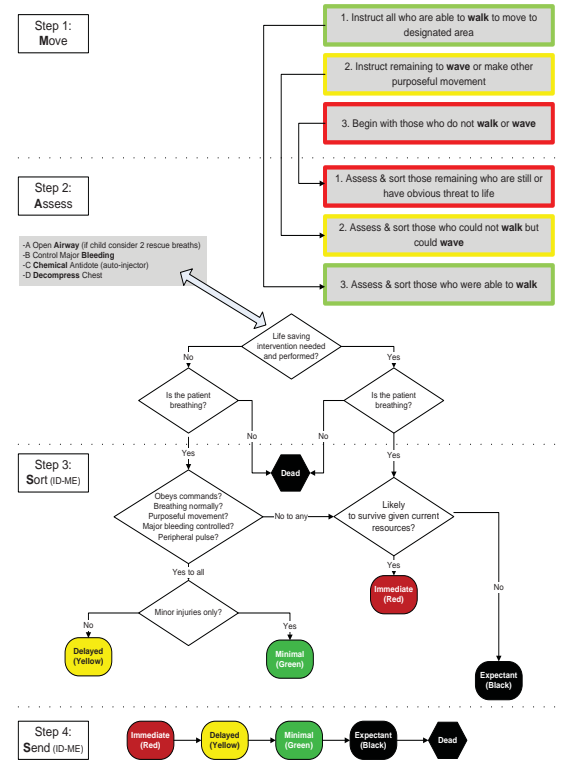
MASS Triage and ID-ME



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PERSONAL INFORMATION			
Name			
Address			
City	ST	ZIP	
PHONE			
EMERG CONTACT			
Name			
Phone			
<b>DECEASED</b>			
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