DISASTER VICTIM / PATIENT TRACKING LOG

1. INCIDENT NAME: _____ **2. DATE/TIME PREPARED:** _____ **3. OPERATIONAL PERIOD DATE/TIME:** _____

MR #	Triage # /DIN	Last Name	First Name	Sex	DOB/Age	Time In	Area Triaged To	Disposition	Time Out

SUBMITTED BY: _____ **AREA ASSIGNED TO:** _____ **DATE/TIME SUBMITTED:** _____

FACILITY NAME: _____ **PHONE:** _____ **FAX:** _____