HICS 254 - DISASTER VICTIM/PATIENT TRACKING FORM

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

4. TRIAGE AREA WHERE COMPLETED (Walk-in / Ambulance / Decon)

Hospital Triage # (from tag given at triage)	Name/HAR name	EMS/ Prehospital Triage Tag # (leave blank if walk-in)	Sex	DOB (or Approx Age)	Triage Category (Immed/ Delayed/ Minor/ Peds)	MRUN Number	Disposition (home, admit, OR, morgue, transfer)	Time left ED

5. SUBMITTED BY		7. DATE/TIME SUBMITTED

8. Harbor-UCLA Medical Center

Purpose: Account for victims from event seeking medical attention **Responsibility of:** Triage Unit Leader HICS 254
Return to: DEM/CCU Leader to forward to Medical Care Branch Director