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|  | Foothills RETAC Fire/EMS Agency  MCI Transportation Form |  |



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# Victims Reported by Triage Category** | | | | | Emergency Medical Services | Emergency Units Responding | | | |
| **Red 1** | **Yellow 2** | **Green 3** | **Black 0** | **Totals** |  |  |  |  |  |
|  |  |  |  |  | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Incident Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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| Hospital Name |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Can Handle** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** |
| **# Sent** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** | **R** | **Y** | **G** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Tag Number** | Category | **Patient Name** | **Primary Injuries** | **Emergency Unit Transporting** | **Time of Departure** | **Hospital** |
|  | **R Y G** |  |  |  |  |  |
|  | **R Y G** |  |  |  |  |  |
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| **Notes:** | | | | | | |