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



|  |  |  |
| --- | --- | --- |
| **# Victims Reported by Triage Category** | Emergency Medical Services | Emergency Units Responding |
| **Red1** | **Yellow2** | **Green3** | **Black0** | **Totals** |  |  |  |  |  |
|  |  |  |  |  | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | IncidentLocation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  |  |  |  |  |
|  |  **R Y G** |  |  |  |  |  |
|  |  **R Y G** |  |  |  |  |  |
|  |  **R Y G** |  |  |  |  |  |
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|  |  **R Y G** |  |  |  |  |  |
|  |  **R Y G** |  |  |  |  |  |
|  |  **R Y G** |  |  |  |  |  |
| **Notes:** |