

I. Medical Operations Worksheet

Incident Commander _____
 Triage Sector Leader _____
 Treatment Sector Leader _____
 Transportation Sector Leader _____

DMCC person notified/time _____

Casualties- --Black -----	Red-----	Yellow -----	Green -----	Time (as of)
Triage	_____	_____	_____	_____
Treatment	_____	_____	_____	_____

Transported to Good Sam	_____	_____	_____
MAMC	_____	_____	_____
Tac. General	_____	_____	_____
St. Joseph	_____	_____	_____
Allenmore	_____	_____	_____
St. Clare	_____	_____	_____
Mary Bridge	_____	_____	_____
Lewis Cty-Morton	_____	_____	_____
St. Peter	_____	_____	_____
Capital Medical	_____	_____	_____
Hbvw	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Triage Sector Leader Worksheet

Incident Commander _____

Operations _____

Triage Team (initials too for casualty count recording)

Extrication Team ----- _____

Morgue Officer ----- _____

Number of Casualties Triaged

BY --Black -----Red----- Yellow -----Green ----- Time (as of)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of Casualties Extricated

Black -----Red----- Yellow -----Green ----- Time (as of)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Treatment Sector Leader
Transportation Sector Leader
Staging Officer

Equipment Needs:

Vests
Triage Ribbon /Belts
Permanent Markers
2" Tape
Canvas Litters
Straps
Backboards
Gloves

III. Morgue Officer Worksheet

Operations _____
Triage Sector Leader _____
Medical Examiner _____

Number of Casualties Triaged Black _____ As Of (time)_____

Number of Casualties Those Extricated _____ As Of (time)_____

Triage Tag #; Casualty Name; Gender; Approx. Age; Tattoos, etc.; Destination of body; Disposition of Personal Effects

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IV. Treatment Sector Leader Worksheet

Incident Commander _____

Operations _____

Team Assignments

Red

Yellow

Green

Decon

* = Team Leader

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Casualties Treated

Time (as of)----- Red-----Yellow -----Green -----Black

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. Refusal of Care and Transportation

By virtue of my signature on the documentation sheet, I verify that I have been afforded the opportunity to receive emergency medical care and/or transportation to a medical facility but I have elected to refuse any additional treatment or transportation to a medical facility.

Last Name, First Name Triage Tag #	Age Sex Injuries	Pulse BP Resp.	Address	Phone #	Signature	Triage Team #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

VI. Transportation Sector- Casualty Disposition Logsheet

Incident Command _____ Operations _____
 Staging Sector Leader _____ Treatment Sector Leader _____

DMCC POC _____ Litter Bearers _____
 Transportation Recorder _____ Litter Bearers _____
 Transportation Recorder _____ Litter Bearers _____
 Litter Bearers _____

	HOSPITAL	TAG #	PRIORITY	Triage #	INJURIES	AGE	SEX	EMS UNIT	TIME
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

VIII. Rehabilitation Sector Sign In/Out Logsheet

Date _____ Location _____

Name	Assigned Sector	Time In	Time Out	Destination
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

