NET Form 5a: VICTIM TREATMENT AREA RECORD

Neighborhood Emergency Team	Date (yyyy/mm/dd)
Treatment Area Location	Tracking Number

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

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NET Form 5a: VICTIM TREATMENT AREA RECORD (reverse side)

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

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