

TRIAGE GROUP MASS CASUALTY

MABAS Division 2
Operational Checklist
#28-C
EFFECTIVE 11/3/15

LOCATION _____ DATE _____
TIME OF ALARM _____ TIME OF ARRIVAL _____
TIME CLEAR _____
TRIAGE GROUP SUPERVISOR _____

Checklist Item	Time	Location / Comment
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Wear Identification Vest _____

SMART System Initiated _____

Persons assigned to Triage _____

Victims Prioritized _____

Additional Medical Crews Requested _____

Additional Supplies Requested _____

Aide(s) to Triage Appointed _____

Controlled Exit Point Established _____

Update Medical Branch on Number of Patients _____

Notify Medical Branch when Secure _____

Brief statement of Incident Action Plan

Responsibilities

TRIAGE GROUP

RADIO DESIGNATION: TRIAGE **CHANNEL:** _____

REPORTS TO: IC, OPS CHIEF OR MEDICAL BRANCH

REPORTS TO YOU: SINGLE RESOURCES

