

**Treatment Officer  
Treatment Sector Log**



Version 1 Peoria Area EMS System

Date / Time: \_\_\_\_\_

Incident / Location: \_\_\_\_\_

| Triage Tag Number | Patient Name (If Known) | Age/ Sex | TAG Color | TAG Color | TAG Color | TAG Color | General Condition | Time IN | Time OUT |
|-------------------|-------------------------|----------|-----------|-----------|-----------|-----------|-------------------|---------|----------|
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