



SACRAMENTO REGIONAL MEDICAL RESERVE CORPS



JOHN MCGINNESS
SHERIFF

EVENT TREATMENT LOG

DATE: ___ / ___ / _____

AREA (Circle): **RED** **GREEN** **YELLOW**

TAG #	NAME	TIME IN	TIME OUT	DISPOSITION (POV, Friend, Taxi, Ambulance, Other)
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				