

ALAMEDA COUNTY MULTI-CASUALTY INCIDENT LOG

Date: _____ Incident Name/Location: _____ C-MED #: _____
 Page ___ of ___

Triage Tag #	START Category	Unmanageable Problem	Primary Injury	Special Needs	Destination	Unit #	Time Off Scene	Sex	Age	Patient Name (if available)
	I M D							M / F		
	I M D							M / F		
	I M D							M / F		
	I M D							M / F		
	I M D							M / F		
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	I M D							M / F		
	I M D							M / F		
	I M D							M / F		
	I M D							M / F		
	I M D							M / F		

I = "Immediate" M = "Minor" D = "Delayed" Medical TAC Channel: _____ Base Channel: **"A-7"**

MULTI-CASUALTY INCIDENT - TRANSPORT/ED BED LOG

Immediate	Minor	Delayed	Unit #	Destination	Immediate	Minor	Delayed	Unit #	Destination
				Alta Bates					St. Rose
				Children's					Kaiser Hayward
				Kaiser Oakland					Washington
				Summit					Kaiser Fremont
				Highland					Regional Medical Center
				Alameda					Valley Medical Center
				SF General					ValleyCare
				San Leandro					San Ramon
				Eden					John Muir
				Stanford					Other:

Trauma Centers indicated in **BOLD** type

Out-of-County Hospitals in **shaded** box