



HOSPITAL CASUALTY/FATALITY REPORT

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD DATE/TIME
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5. NUMBER OF CASUALTIES / FATALITIES

	ADULT	PEDIATRIC (<18 YEARS OLD)	TOTAL	COMMENTS
Patients seen				
Admitted				
Critical care bed				
Medical/surgical bed				
Pediatric bed				
Discharged				
Transferred				
Expired				
Waiting to be seen				

6. PREPARED BY (PATIENT TRACKING MANAGER)	7. FACILITY NAME
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PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES.
ORIGINATION: PATIENT TRACKING MANAGER. COPIES TO: COMMAND STAFF, SECTION CHIEFS, AND DOCUMENTATION UNIT LEADER.