

CODE ORANGE – EMERGENCY RECEPTION REGISTRATION LOG

RECEIVED FROM _____

VIA _____

DATE _____

TIME _____

Resident Name	Records Rec'd / sent (Y/N)	Ambulatory/ w/c/ bedridden	Holding Area assigned (Indicate Location)	Family Notified (Y/N)	Re-Transferred to & Date (as applicable)	Returned to Evacuating Site & Date (as applicable)

Completed by:_____
Team Member Name (Print)_____
Team Member Signature_____
Date