

Triage record and log

Form | HOS-FRM-001

Document type	Form
Title	Triage record and log
Document ID	{{facility.code}}-HOS-FRM-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each arrival, its triage category and the time seen. The surveyor samples this log.

1. How to complete

- Complete for every arrival, at the time of triage.
- Write the category from the named tool.
- Write the time seen by a clinician.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Arrival time recorded	Yes	☐	☐	☐	Action and who to tell
2	Named triage tool used	Yes	☐	☐	☐	Action and who to tell
3	Category recorded	Yes	☐	☐	☐	Action and who to tell
4	Time seen recorded	Yes	☐	☐	☐	Action and who to tell
5	Night arrivals triaged	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

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E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval