



SouthEast Texas Regional Advisory Council Tourniquet Use Report Form

When you apply a tourniquet to a patient, or receive a patient to which a tourniquet has been applied, please complete this form and submit it to SETRAC via either fax (281-822-4668) or e-mail (tqdata@setrac.org).

Name of Agency _____

Date & Time of Incident _____

Location of Incident _____

Hospital to Which Patient was Transported _____

Contact at Agency (Name, phone & e-mail) _____

Description of Injury _____

Location of Tourniquet _____

Location of Additional Tourniquet(s), if applied _____

Additional (non-identifying) Information _____

If tourniquets were applied to more than one injury, submit a form for each injury.