

ED Downtime Tracking Board

Date : _____

ROOM	NAME	CC	ACUITY	ROOM TIME	NURSE	MD	COMMENTS
ZONE A	1						
	2						
	3						
	4						
ZONE B	5						
	6						
	7						
	15						
	16						
DENTAL	16						
	17						
	18						
ZONE C	8						
	9						
	10						
	11						
	12						
	13						
	14						