EMS UNUSUAL OCCURRENCE FORM

Instructions~~: Please~~: Please fill out this form completely. Use additional sheet(s) if necessary. The ~~involved parties~~parties involved shall submit the completed form to SJCEMSA within 24 hours ~~three (3) working days~~ of the incident.

SECTION A – INDIVIDUAL COMPLETING FORM

TYPE OF OCCURRENCE:
☐ Communications ☐ Field Operations ☐ Professional Conduct
☐ Base Hospital Operations ☐ Policy Violation ☐ Patient Care ☐ MCI
☐ Other, explain on a separate sheet of paper

Incident Information:

Incident Location: _____

Date: _____ Time: _____ Provide incident #: _____

Individual Completing Form

Name: _____ Employer: _____

Level of Cert/License: _____ Cert/License#: _____

Work Phone#: _____ Cell Phone#: _____

Involved Parties

Name	Agency

Summary of Event: _____

_____

_____

_____

_____

_____

_____

Use additional pages as necessary

_____ _____

Signature Date

Ensure the following documents are attached:

☐ Completed EMS Form 6012

Copies of the following:

☐ Patient Care Reports
☐ CAD records
☐ Wav files
☐ Diagnostic readings
☐ Audio recordings
☐ Video recordings
☐ Incident reports
☐ Provider CQI or risk management reports
☐ Meeting notes, summaries, minutes
☐ All other pertinent documents

Send To: emsdutyofficer@sjgov.org or submit through SJCEMSA website at

TITLE: **UNUSUAL OCCURRENCE REPORT FORM** EMS Form No. **6102A**

https://www.sjgov.org/department/ems/unusual-occurrences-form