

**EMS UNUSUAL OCCURRENCE FORM**

Instructions: Please fill out this form completely. Use additional sheet(s) if necessary. The involved parties shall submit the completed form to SJCEMSA within 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:

- | | |
|--|---|
| <input type="checkbox"/> Completed EMS Form 6012
Copies of the following:
<input type="checkbox"/> Patient Care Reports
<input type="checkbox"/> CAD records
<input type="checkbox"/> Wav files
<input type="checkbox"/> Diagnostic readings | <input type="checkbox"/> Audio recordings
<input type="checkbox"/> Video recordings
<input type="checkbox"/> Incident reports
<input type="checkbox"/> Provider CQI or risk management reports
<input type="checkbox"/> Meeting notes, summaries, minutes
<input type="checkbox"/> All other pertinent documents |
|--|---|

Send To: emsdutyofficer@sjgov.org or submit through SJCEMSA website at <https://www.sjgov.org/departments/ems/unusual-occurrences-form>