

SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY



TITLE: **UNUSUAL OCCURRENCE REPORT FORM**

EMS Form No. **6102A**

EMS UNUSUAL OCCURRENCE FORM

Instructions: Please fill out this form completely. Use additional sheet(s) if necessary. The parties involved shall submit the completed form to SJCEMSA within 24 hours 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 as appropriate:

- | | |
|---|---|
| <input type="checkbox"/> Completed EMS Form 6102A Copies of the following: <input type="checkbox"/> Patient Care Reports <input type="checkbox"/> CAD records <input type="checkbox"/> Diagnostic readings | <input type="checkbox"/> Audio recordings <input type="checkbox"/> Video recordings <input type="checkbox"/> Incident reports <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>