San Joaquin County
Emergency Medical Services Agency

http://www.sjgov.org/ems

San Joaquin County Med Net Radio Problem Report Form

Date problem occurred:		**Time:**	
Hospital Involved:			
Medic Unit Involved:			
Ambulance Provider Name:			

Description of the problem:	Please describe the problem(s), be specific
❏ *Intermittent* ❏ *Continual* ❏ *Transmit* ❏ *Receive* ❏ *Static/Interference* ❏ *Other*	
Possible Cause(s):	Please provide a possible cause
❏ *Operator error (hospital)* ❏ *Operator error (medic)* ❏ *Radio programming* ❏ *Other* ❏ *Unknown*	
Possible Solution(s):	Please provide a possible solution
❏ *Staff training (hospital)* ❏ *Staff training (medic)* ❏ *Radio re-programming* ❏ *Other* ❏ *Unknown*	

Name	Hospital or Provider	Telephone Number

Please fax or email this completed form to Phil Cook at (209)468-6725 or pcook@sjgov.org

8/31/07

Note: If this problem affected patient care, please complete and submit an ALS without Base Hospital Contact
Form per EMS Agency Policy 540.02.