

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 their CQI coordinator within three (3) working days of the incident. The CQI Coordinator shall review and complete the form and submit it to the EMS Agency within five (5) working days.

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

Recommendations from Incident Reporter: _____

Signature _____

Date _____

