## TITLE: UNUSUAL OCCURRENCE FORM

EMS Form No. 6102A

EMS UNUSUAL OCCURRENCE FORM		
<b>Instructions:</b> 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: Pro	ovide 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	

Effective: July 1, 2010 EMS Agency Form #6102A

EMS UNUSUAL OCCURRENCE FORM, cont.		
SECTION B - CQI Coordinator		
Recommendations from the CQI Coordinator:		
Signature	Date	
Ensure the following documents are attached		
☐ Completed EMS Form 6012	Audio recordings	
Copies of the following:	☐ Video recordings	
Patient Care Reports	Incident reports	
CAD records	Provider CQI or risk management reports	
Way files	Meeting notes, summaries, minutes	
☐ Diagnostic readings	All other pertinent documents	
Send To:		
San Joaquin County EMS Agency		
PO Box 220		
French Camp, CA 95231		

Effective: July 1, 2010 EMS Agency Form #6102A Page 2 of 2