TITLE: UNUSUAL OCCURRENCE FORM

EMS Form No. 6102A

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 ☐ Base Hospital Operations ☐ Policy Violation ☐ Other, explain on a separate sheet of paper	Field Operations Professional Conduct Patient Care MCI	
Incident Information:		
Incident Location:		
Date: Time: Pro	ovide incident #:	
Individual Completing Form		
Name: En	nployer:	
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	

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EMS UNUSUAL OCCURRENCE FORM, cont.		
SECTION B - CQI Coordinator		
Recommendations from the CQI Coordinator:		
Signature	Date	
Ensure the following documents are attache		
Completed EMS Form 6012	Audio recordings Video recordings	
Copies of the following: Patient Care Reports	Incident reports	
CAD records	Provider CQI or risk management reports	
Wav files	Meeting notes, summaries, minutes	
Diagnostic readings	All other pertinent documents	
Send To:		
San Joaquin County EMS Agency		
PO Box 220 Franch Comp. CA 05221		
French Camp, CA 95231		

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