

**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 \_\_\_\_\_

