

EMS INCIDENT REPORT FORM cont.

Instructions: Please fill out this form completely. Use additional sheet(s) as needed. The involved parties shall submit the completed form shall be given to the EMS provider's immediate supervisor, training officer, or quality assurance coordinator who will assess the incident and will forward the report to the UnityPoint Health EMS System Coordinator within 24 hours.

Summary of event: _____

Signature _____ Date _____

Attach the following documents as appropriate:

Image Trend ePCR

Diagnostic readings

Twiage summery

Send to:
UnityPoint Health EMS
Proctor Hospital
5409 N Knoxville
Peoria, Illinois 61614
Attention Mark McCandless