



## Unusual Occurrence / Incident Report

Patient name or MRN	Equipment involved	Event date	Event time	Report date	Report time	Incident location
Dispatch info		Additional agencies / departments / units involved				
Description of unusual occurrence or incident						
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
Agency		Printed name		Signature		
Possible way in which situation could have been avoided						
<hr/> <hr/> <hr/> <hr/>						
Witness <input type="checkbox"/> Completing additional report		Witness <input type="checkbox"/> Completing additional report		Witness <input type="checkbox"/> Completing additional report		
EMS office Date report received:		Initial actions taken by EMS office				
<input type="checkbox"/> Follow-up needed Completed by:		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Additional notes <input type="checkbox"/> EMS Medical Director <input type="checkbox"/> Other:						
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
email to: <a href="mailto:MemorialEMS@mhsil.com">MemorialEMS@mhsil.com</a>						