



08-0101E - Unusual Occurrence Report

Agency Name:		Reporting Party Name:			
Today's Date:	Incident Date:	Incident Time:	Incident #:		
Critical Ambulance Failure (Vehicle Assigned to a Call for Service)					
Vehicle #:	Mileage:	Patient on Board: <input type="radio"/> Yes <input type="radio"/> No			
Last Preventative Maintenance Date:		Last Preventative Maintenance Mileage:			
Initial Unit Times:					
Dispatch:	At Scene:	Transport:	Failure:		
Subsequent Unit Times:					
Unit ID:	Dispatch:	At Scene:	Transport:	Hosp:	
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.					
Aircraft Failure/ Aborted Mission (Aircraft Assigned to a Call for Service)					
Tail #:	Call Sign:	Patient on Board: <input type="radio"/> Yes <input type="radio"/> No			
Last Preventative Maintenance Date:		Last Inspection Date:			
Initial Unit Times:					
Dispatch:	At Scene:	Transport:	Failure:		
Reason for Failure or Abort					
<input type="checkbox"/> Weather <input type="checkbox"/> Mechanical <input type="checkbox"/> Crew <input type="checkbox"/> Other - Describe in detail in the summary below.					
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.					
Medical Equipment Failure During Patient Care					
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.					
Equipment Involved:					
Date of Last Preventative Maintenance:					
Delayed Ambulance or Aircraft Response					
Incident Location:		Nature of Incident:			
Aircraft/Ambulance Location: <i>(At time of dispatch)</i>					
Unit Times:					
Received:	Accepted:	ETA Given:	Enroute:	At Scene:	
Describe in detail in the summary below the reason(s) for the response delay.					
Inaccurate EMS Aircraft ETA (greater than 5 minutes)					
Unit ID:	Time of Request:	ETA Given:	At Scene:		
Was Patient Care Affected: <input type="radio"/> Yes <input type="radio"/> No - Describe how it was or was not in the summary below.					
Communications Failure (CF) Report-Whenever Base Hospital (BH) contact is required, but cannot be made					
Note: send copy of this report and completed PCR to both Base Hospital PCC & Nor-Cal EMS					
Provider Communications Failure: <input type="checkbox"/> Radio Failure (no or poor reception) <input type="checkbox"/> Radio Failure (mechanical)					
<input type="checkbox"/> Cell Phone (no or poor reception) <input type="checkbox"/> Cell Phone (mechanical) <input type="checkbox"/> No landline available					
Base Hospital Communication Failure: <input type="checkbox"/> No MICN/MD available for orders or consult.					
Receiving Facility Communication Failure: <input type="checkbox"/> Appropriate personnel unavailable for report.					

Description of Problem/Incident Summary/Actions
(Attach additional sheets of paper if necessary)

Attach copies of all PCR's related to the incident.
Forward report to: Nor-Cal EMS 930 Executive Way, Suite 150, Redding, California 96002
Email: mail@norcalems.org