

	3009	Unusual Occurrence Form
Nor-Cal EMS Policy & Procedure Manual		Pre-Hospital Providers
<p>This form is to be used for any vehicle or equipment issue causing care issues or any delay in care while responding or during an assigned call for service. To Include: Critical Ambulance failure, Aircraft Failure, Medical equipment failure, Delayed response, Communication failure, Inaccurate EMS Aircraft ETA, abort of flight/call.</p> <p>**Send form to Mail@Norcalems.org / If time sensitive call the Duty Officer (530) 229-3983**</p>		
Agency Name:		Reporting Party:
Date of incident:		Incident Time:
Times: Dispatch		At scene
Transport		Failure occurred:
Type of Incident:	Medical Equipment	Vehicle
	Delayed Response	
	Communication Failure	
Other-		
Was patient care affected:	YES	NO
Patient onboard:	YES	NO
Description (How affected/or not):		
Equipment or Vehicle name/type :		
Fill the following in as appropriate-Radio identifier:		License/Tail Number:
Mileage / Hours :	Last Preventative Maintenance (Date):	
	Last Preventative Maintenance (Miles/Hours):	
Narrative description of what occurred (Do not include any HIPPA information):		
REPORTING PROVIDER NAME AND CERT #:		CARE PROVIDER SIGNATURE: