



3009

## Unusual Occurrence Form

Nor-Cal EMS Policy &amp; Procedure Manual

Pre-Hospital Providers

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.

\*\*Send form to Mail@Norcalems.org / If time sensitive call the Duty Officer (530) 229-3983\*\*

|  |  |                  |                      |                  |
|--|--|------------------|----------------------|------------------|
| Agency Name:   |  | Reporting Party: |                      | Date:            |
| Date of incident:  |  | Incident Time:   |                      | Incident Number: |
| 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: