

ADMINISTRATION

INCIDENT REPORT FORM

POLICY # 1210

This section to be completed by individual initiating Incident Report.

Incident Date/Time:	Base Hospital Run #:
Report Initiated By:	Agency:
Reason for Initiating Incident Report:	
<input type="checkbox"/> Treatment / action resulting in positive patient outcome <input type="checkbox"/> Treatment / action resulting in or having potential for adverse patient outcome <input type="checkbox"/> Policy / Procedure / Protocol issue <input type="checkbox"/> Other (explain):	
Comments (attach additional pages as necessary):	
Attach copy of PCR and submit report to EMS Agency	

This section to be completed by Investigator

CHECKLIST

<input type="checkbox"/> Review PCR, MICN report & tape <input type="checkbox"/> Collect statements from personnel involved in incident <input type="checkbox"/> Collect statements from other personnel as needed	
Investigator (Signature)	Date
Attach all documents and return to EMS Agency	

EMS AGENCY REVIEW

ACTION

<input type="checkbox"/> Award Commendation <input type="checkbox"/> Revise Policy/Procedure/Protocol <input type="checkbox"/> Conduct remedial training <input type="checkbox"/> Initiate Certification Review Process <input type="checkbox"/> No further action necessary <input type="checkbox"/> Other (explain):	
Reviewed by (Signature)	Date