

COMMUNICATION FAILURE REPORT

Paramedic: complete and submit original to your EMS/QI Coordinator within twenty-four (24) hours of the incident.

Provider EMS/QI Coordinator: forward a copy to the EMS Agency.

INCIDENT #: _____ INCIDENT DATE: _____ INCIDENT TIME: _____

INCIDENT LOCATION: _____

PROVIDER AGENCY: _____ UNIT #: _____

COUNTY PARAMEDIC #: _____ PARAMEDIC: _____

CONTACT ATTEMPTED UNSUCCESSFULLY WITH: _____

INTENDED RECEIVING HOSPITAL: _____

HOSPITAL CONTACTED (IF ANY): _____

MICN#: _____ and/or PHYSICIAN: _____

- REASON FOR REPORT:
- Equipment Failure
 - No MICN/Physician Available
 - Physician Consultation Needed
 - Other (describe) _____

DETAILS: (including nature of equipment failure, number of attempts made, unusual patient condition or circumstances, etc):

PARAMEDIC SIGNATURE: _____ DATE: _____