



McLean County Area EMS System

705 N. East Street
Bloomington, IL 61701

Phone: (309) 827-4348
Fax: (309) 827-2017

IMPROVEMENT OPPORTUNITY REPORT "I.O.R. FORM"

DATE: _____

TIME: _____

SITUATION: Briefly explain the Current situation.

BACKGROUND: Pertinent information related to the situation.

ASSESSMENT: Why did this happen?

RECOMMENDATION: What can be done to improve the situation?

Submitted By: _____

Attach 2nd sheet if needed.



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EMS System Coordinator/EMS Quality Coordinator:

EMS Medical Director:

Action Taken:

EMS Medical Director

Date

McLean County Area EMS Coordinator

Date