



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

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

EMS SYSTEMS INCIDENT REPORT

Date of Incident: _____ Date Report Filed: _____

Reason For Report:

Violation of: <input type="checkbox"/> Policy	Related to: <input type="checkbox"/> Medical Control	<input type="checkbox"/> Safety
<input type="checkbox"/> Procedure	<input type="checkbox"/> Dispatch	<input type="checkbox"/> ALS
<input type="checkbox"/> Protocol	<input type="checkbox"/> Patient	<input type="checkbox"/> ILS
<input type="checkbox"/> Unusual Incident	<input type="checkbox"/> BLS	

Check All that Apply

Situation: Describe the specific incident.

Background: Pertinent information related to the situation.

Assessment: Why do you think this happened?

Recommendation: What can be done to improve the situation?

Submitted by: _____ Email address: _____
if would like acknowledgment of receipt



McLean County Area EMS System

112 A Southgate Drive
Bloomington, IL 61704

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

Page 2

EMS System Coordinator/EMS Quality Coordinator:

EMS Medical Director:

Action Taken:

EMS Medical Director

Date

McLean County Area EMS Coordinator

Date