



McLean County Area EMS System

705 N East Street
Bloomington, IL 61701

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

EMS SYSTEM INCIDENT REPORT

Date of Incident: _____ Date Report Filed: _____

REASON FOR REPORT: Check All that Apply

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	

Situation: Describe the specific incident.

Background: Pertinent information related to the situation.

Assessment: Why do you think this happened?

Confidential Document



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Recommendation: What can be done to improve the situation?

SUBMITTED BY: _____

EMS System Coordinator/EMS Quality Coordinator:

EMS Medical Director:

Action Taken:

EMS Medical Director

Date

McLean County Area EMS Coordinator

Date

Confidential Document