Southern Fox Valley EMS System
Delnor-Community Hospital

Incident Report

Reason for Report:

___ Medication related
___ Procedure related
___ Protocol related
___ Patient related
___Other
___ Paramedic related
___ Communication
___ Personal injury
___ A) Patient
___ B) Personnel

Date & Time of Occurrence:_____

Ambulance Service and Unit #:_____Incident Number #:_____

Patient's Name:_____Hospital Log #:_____

Ambulance Team Members:_____

Names of other persons present or involved:_____

_____

Incident Facts (Description of Incident): _____

_____

_____

_____

_____

_____

_____

Signature of Person Preparing Report:_____ Date:_____

Signature of Reviewing Supervisor: _____ Date:_____

Follow-up Report:_____

_____

_____

_____

Reviewed By:
EMS System Coordinator: _____ Date:_____

EMS Medical Director: _____ Date: _____

Not to be attached to patient record