

Lancaster County-Wide Communications EMD Report for EMS Agencies

Reported By _____ Agency Name _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Class Response Given on Dispatch _____ Nature of Incident _____

Did the patient's condition match what was given as the nature on the dispatch? Y / N

Briefly describe the patient's condition upon arrival _____

Did the BLS request an ALS to the scene? Y / N

Did the BLS cancel an ALS response? Y / N

Was the patient transported to a medical facility? Y / N Name of facility _____

Were lights and sirens used during the transport to a medical facility ? Y / N

Concerns or comments _____
