

# ***Morrow County EMS Protocol Variance Report***

Date of Incident\_\_\_\_\_Time of Incident\_\_\_\_\_

Station #\_\_\_\_\_ Report #\_\_\_\_\_

Receiving ER\_\_\_\_\_

In-Charge EMT\_\_\_\_\_

Crew Member\_\_\_\_\_

Crew Member\_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Was Supervisor notified? ( Yes – No )

Date contacted\_\_\_\_\_ Time contacted\_\_\_\_\_

Type of incident? I.e....Incorrect Medication, Dose, Route, Improper procedure, Omitted procedure.... etc

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Was the Attending Physician on In-Charge Nurse of the receiving ER notified of this incident? ( Yes – No )

*If **yes** was marked in the above question*

Name of Physician or Nurse contacted

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Date contacted\_\_\_\_\_ Time contacted\_\_\_\_\_

