

# Situation Report

**EMS Provider Name(s):**

**Date and Time of Occurrence:**

**Location of Occurrence:**

**Type of Situation**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Vehicle Malfunction         | <input type="checkbox"/> Supply Shortage        | <input type="checkbox"/> Building Security Issue  | <input type="checkbox"/> Missing Road Sign(s) |
| <input type="checkbox"/> Equipment Malfunction       | <input type="checkbox"/> Hazardous Condition    | <input type="checkbox"/> Ambulance Security Issue | <input type="checkbox"/> No 911 Number Posted |
| <input type="checkbox"/> Computer Security/Other     | <input type="checkbox"/> 9-1-1 Dispatch Problem |   |   |
| <input type="checkbox"/> Other <i>Explain:</i> _____ |   |   |   |

**Description of Occurrence:**

**Action(s) Taken to Correct:**

**Persons Notified:**

**EMS PROVIDER SIGNATURE**

**DATE FORM COMPLETED:**

**SUPERVISOR TO FILL IN ALL ITEMS BELOW**

**Finding, Recommendations/Actions, Measures Taken to Prevent Reoccurrence, Other s Notified:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:**

**DATE:**

**REPORTED TO EMS DIRECTOR**

Yes  No

**DATE:**

**STATION LIAISON NOTIFIED**

Yes  No

**DATE:**