NAPA COUNTY EMS AGENCY

EMS EVENT REPORTING FORM

CONFIDENTIAL

Exemplary EMS Care ☐	Clinical Issue ☐	Operational Issue ☐

Date:	Time:	Reporting Agency:	
On Scene ☐	Enroute ☐	At Hospital ☐	Other ☐

Event Number: _____

Personnel Involved	Agency	Discussed with Individual
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐
_____	_____	Yes ☐ No ☐

Reporting Party Information

Signature: _____ Date: _____

Print Name: _____ Agency Name: _____

Key Issue(s)

Provider Agency's Account of Incident

Initial: _____ **Date:** _____

Action Taken by Provider Agency

Initial: _____ **Date:** _____

EMS Agency's Final Resolution

Agree with action taken. ☐ Additional action needed. Comments below. ☐

Initial: _____ **Date:** _____