

**COMMUNICATION FAILURE REPORT**

**Paramedic:** complete and submit original to your EMS/QI Coordinator within twenty-four (24) hours of the incident.

**Provider EMS/QI Coordinator:** forward a copy to the EMS Agency in person, mail, email or Fax: (805) 788-2517.

INCIDENT #: \_\_\_\_\_ INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

PROVIDER AGENCY: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY PARAMEDIC #: \_\_\_\_\_ PARAMEDIC: \_\_\_\_\_

CONTACT ATTEMPTED UNSUCCESSFULLY WITH: \_\_\_\_\_

INTENDED RECEIVING HOSPITAL: \_\_\_\_\_

HOSPITAL CONTACTED (IF ANY): \_\_\_\_\_

MICN#: \_\_\_\_\_ and/or PHYSICIAN: \_\_\_\_\_

- REASON FOR REPORT:
- Equipment Failure
  - No MICN/Physician Available
  - Physician Consultation Needed
  - Other (describe) \_\_\_\_\_

DETAILS: (including nature of equipment failure, number of attempts made, unusual patient condition or circumstances, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME/SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_