

Presence Saint Joseph Hospital - Elgin  
Emergency Medical Services System

Incident Number:		
Date report Filed	Date of Occurrence: _____	Location of Occurrence: _____
	Time of Occurrence: _____	
Nature of Request	Medication ___	Injury ___
	Procedure ___	Assessment ___
	Behavior ___	

Reporting Party	
Individual Filing Report:	EMS System Number
Name of EMS Agency:	Patient Report Number
Receiving Hospital:	Hospital EMS Log sheet Number:

Details of Incident:

**DO NOT WRITE BELOW: EMS SYSTEM USE ONLY**

Investigation Findings:

Disposition			
Commendations ___	Unfounded ___	Re-education ___	Incident Closed ___
Verbal Warning ___	Written Warning ___	Suspension ___	Resolution Date __/__/__

Notes:

Signature		
EMS Coordinator	__/__/__ EMS Medical Director	__/__/__