

## McLean County Area EMS System Ambulance Availability Report

Agency Name \_\_\_\_\_ FAX Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

Non-MABAS       MABAS

Highest Level of Licensure \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Enter Date</i>							
<b>Ambulances Local</b>							
<b>Ambulances &gt; 50 miles</b>							
<b>EMT-B Local</b>							
<b>EMT-I Local</b>							
<b>EMT-P Local</b>							
<b>EMT-B &gt; 50 miles</b>							
<b>EMT-I &gt; 50 miles</b>							
<b>EMT-P &gt; 50 miles</b>							

Date Completed \_\_\_\_\_ Completed by \_\_\_\_\_

Time Completed \_\_\_\_\_