



# McLean County Area EMS System

705 N East Street  
Bloomington, IL 61701

Phone: (309) 827-4348  
Fax: (309) 827-2017

## EMS SYSTEM INCIDENT REPORT

Date of Incident: \_\_\_\_\_ Date Report Filed: \_\_\_\_\_

**REASON FOR REPORT: Check All that Apply**

<b>Violation of:</b>	<input type="checkbox"/> Policy	<b>Related to:</b>	<input type="checkbox"/> Medical Control	<input type="checkbox"/> Safety
	<input type="checkbox"/> Procedure		<input type="checkbox"/> Dispatch	<input type="checkbox"/> ALS
	<input type="checkbox"/> Protocol		<input type="checkbox"/> Patient	<input type="checkbox"/> ILS
	<input type="checkbox"/> Unusual Incident		<input type="checkbox"/> BLS	

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**Situation:** Describe the specific incident.

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**Background:** Pertinent information related to the situation.

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**Assessment:** Why do you think this happened?

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**Confidential Document**



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**Recommendation:** What can be done to improve the situation?

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SUBMITTED BY: \_\_\_\_\_

**EMS System Coordinator/EMS Quality Coordinator:**

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**EMS Medical Director:**

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**Action Taken:**

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EMS Medical Director

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Date

\_\_\_\_\_  
McLean County Area EMS Coordinator

\_\_\_\_\_  
Date

**Confidential Document**