**EMMCO WEST**

**EMS CALL ASSESSMENT FORM INSTRUCTIONS**

(Due by the 10th of each month)

1. Service: Your agency name
2. Affiliate #: Agency EMS License Number
3. Month/Year: The month and year that you are submitted for.
4. Agency has no missed calls to report: Check this box if you have no missed calls for this month.
5. Date: Please use MM/DD format – the year should be recorded above
6. Time: The time you were dispatched for the call.
7. Missed call: Check this box if this is a missed call – no response when dispatched, no crew available, etc.
8. Delayed: Enter the number of minutes for delay (if delayed for a call).
9. Municipality: Please only enter the municipality that the call was for. (Do not list the call address)
10. Reason: Please select the reason from the list below.
11. Total hours that your agency reported “Out of service” to your PSAP center.
12. Total number of all calls during in-service period, by certification type. QRS/BLS/ALS
13. County Wide Plan: Is your agency part of your County Wide EMS Plan?
14. Email completed forms to kay@emmco.org or fax to 814-337-0871

Reasons call was missed or delayed – Please only use these options.

1. Weather – Response is delayed by weather
2. Staffing – this includes “Bypass,” only 1 crew member and other staffing issues
3. Vehicle Out of Service – vehicle is out of service due to repairs, etc. (notice should be given to PSAP prior to taking vehicle out of service)
4. Committed to other call – all units are out on other calls/transfers