

**EMMCO WEST  
EMS CALL ASSESSMENT FORM**

(Due by the 10<sup>th</sup> of each month)

SERVICE: \_\_\_\_\_ AFFILIATE #: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

Agency has no missed calls to report.

Email form to [kay@emmco.org](mailto:kay@emmco.org) or fax to 814-337-0871

DATE	TIME	MISSED CALL	DELAYED	QRS/BLS/ALS	MUNICIPALTY	REASON
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Number of hours reported to PSAP "Out of Service": QRS \_\_\_\_\_ BLS \_\_\_\_\_ ALS \_\_\_\_\_

Total number of in-service calls: QRS \_\_\_\_\_ BLS \_\_\_\_\_ ALS \_\_\_\_\_

Are you a member of a County Wide EMS Plan? Yes / No

Prepared by (Print): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

