



Critical Vehicle Failure/Equipment Failure Report Form



Send completed forms and PCR's to the S-SV EMS Agency no later than the end of the next business day

FAX: (916) 625-1720, or Email – Kristy.Harlan@ssvems.com

Incident Information:

Type of Failure: <input type="checkbox"/> Critical Transport Vehicle Failure <input type="checkbox"/> Medical Equipment Failure			
Agency Name:		Reporting Party Name:	
Incident Date:	Incident Time:	Incident #(s):	
Critical Vehicle Failure (Vehicle Failure Occurred During Assigned Emergency Call)*			
Vehicle #:	Mileage:	Patient on Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Preventative Maintenance Date:		Last Preventative Maintenance Mileage:	
Initial Unit Times:			
Dispatch:	On Scene:	Transport:	Failure:
Subsequent Unit Times:			
Dispatch:	On Scene:	Transport:	Hosp. Arrival:
Medical Equipment Failure (Equipment Failure Occurred During Patient Care)*			
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe how it was or was not in the summary below			
Equipment Involved:			
Date of Last Preventive Maintenance (if biomedical equipment involved):			

***Attach copies of all PCR's related to the incident**

Description of Problem/Incident Summary/Actions Taken: