



EMS SPONSOR HOSPITAL
ADVERSE EVENT AND ERROR REPORTING FORM

Sponsored EMS Agency: _____

Date of Call: _____ Time of Call: _____ Incident Number: _____

Date of adverse event: _____ Time (or estimated time) of adverse event: _____

Location adverse event occurred:

Names and certification levels of involved individual providers and available information regarding any outside agencies/providers involved in the incident.

Briefly state nature of adverse event:

Describe the nature/severity of injury (if any) to patient and/or providers:

Was radio contact established with medical control regarding the event? Yes No N/A

If yes, provide CMED#, who was contacted and instructions received:

Was a verbal report of the event made to staff at the receiving hospital? Yes No N/A

If so, to whom was the report given?

Provide an initial description of event/error based on information presently available. Include as much detail as possible regarding circumstances/actions leading up to event and actions taken subsequent to event. (May attach and refer to incident reports for this question).

The above information is, to the best of my knowledge, complete and accurate at the time of this report.

Printed name of individual completing report

Signature

Date

Attach any related incident reports or addendum