

Central MA EMS Corp.
361 Holden Street
Holden, Ma 01520
508-854-0111
508-853-3672 fax
www.cmemsc.org

Communications Failure Report

Submit form to CEMEMSC within 72 hours of incident.

Date: _____ Time of CMED Patch: _____ Type of Patch: Radio Phone

Ambulance Service: _____ Unit ID #: _____ Level: ALS BLS

EMT _____ Email (for follow-up) _____

Medical Con Hospital: _____ Med Con Doctor: _____

Receiving Hospital (If different from above): _____

Patient Information

Age: _____

Sex: Male Female

Chief Compliant: _____

Requested Order: _____

Treatment Given: _____

Description of Communication Failure: _____

Received By CEMEMSC : _____ Date: _____

Received By Region II Medical Director: _____ Date: _____

Administrative Determination/Action: _____

Follow-up provided to EMT by: _____