## HEMS, INC. - EMS RADIO INCIDENT/FAILURE REPORT

Initial Date: June 23, 2017 Last revised Date: 2/8/2024

REPORTING INFORMATION	
EMS Agency/Hospital Reporting:Date of Report: _	
Date of Radio Incident/Failure:Ambulance MED	COM #:
Radio Talk Group/Channel:Priority of Run:	
Radio Type:PortableMobile Location at time of Incident/Fa	ilure
Person Reporting:Contact #:	
INDICATE NATURE OF THE PROBLEM	
Ambulance Radio Failed during Transmission	
Ambulance Radio Out of Service (Used HEAR Radio for BackupYesNo)	
HEMS Radio Operator Did Not Answer	
Hospital Did Not Answer – Hospital:	
Other – Describe	
DESCRIPTION/ADDITIONAL INFORMATION/ALTERNATE ROUTE OF COMMUNICA	TION (e.g. During failure
contact made through dispatch)	

If there is communication failure that prevents contact with a physician, the EMS provider may proceed with the procedures unless specifically prohibited in the Protocol. **Report must be submitted to HEMS within 72 hours as required by PA 179.** 

MCA Name: HEMS, Inc. (WW/DR) MCA Board Approval Date: 2/8/2024 MCA Implementation Date: 3/1/2024 MDHHS Approval Date: 2/12/2024 Section: 8-12(S)