

REPORTING INFORMATION	
EMS Agency/Hospital Reporting: _____	Date of Report: _____
Date of Radio Incident/Failure: _____	Ambulance MEDCOM #: _____
Radio Talk Group/Channel: _____	Priority of Run: _____
Radio Type:    ___ Portable    ___ Mobile Location at time of Incident/Failure _____	
Person Reporting: _____	Contact #: _____

INDICATE NATURE OF THE PROBLEM
___ Ambulance Radio Failed during Transmission
___ Ambulance Radio Out of Service (Used HEAR Radio for Backup ___ Yes    ___ No)
___ HEMS Radio Operator Did Not Answer
___ Hospital Did Not Answer – Hospital: _____
___ Other – Describe _____

DESCRIPTION/ADDITIONAL INFORMATION/ALTERNATE ROUTE OF COMMUNICATION (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.**