## **EL DORADO**



## EMERGENCY MEDICAL SERVICES AGENCY

A Division of the Health Services Department

2900 FAIR LANE COURT PLACERVILLE, CALIFORNIA 95667 PHONE (530) 621-6500 FAX (530) 621-2758

## CONFIDENTIAL EMS EVENT ANALYSIS

All problematic events involving the El Dorado County EMS system will be entered on this form prior to the completion of the shift in which the event occurred. The report will be forwarded to the Employer and the EMS Agency within 24 hours of completion. All reports will be responded to in writing by the EMS Agency.

Date of Event	Time	IR#	Detailed Location of Event	Your Name and Title

Person(s) and/or Agencies directly involved:									
Name	Title	Agency		Remarks					
Description of Event (describe specific	actions/conditions which ca	aused or contributed to the eve	ent):						
Factors:			Primary	Contributing	Probable	Not Applicable			
Personnel Error/ Failure			Fillinary	Contributing	FIODADIE	NOT APPIICADIE			
Equipment Failure									
Lack of Operating Procedures/Protocols									
Other (Specify)									
Witnesses (Other than Event Respond		Relationship to Persons/Event							
Name:									
Address:									
Phone:									
Name:									
Address:									
Phone:									
Name:									
Address:									
Phone:									
Protected under section 1157.5 of the Ca	alifornia Evidence Code								

What actions should be taken to prevent recurrence?

Who has already been notified?

Name
Title
Agency
Remarks

Image: Imag

Signature of Reporting Party	Date	Signature of Review Officer	Date

## Additional Comments::

cc: