On Campus Emergency Call Report

Date: _____/____/____
Dispatch Time: _____:_____  
Dispatch Reason: ____________________________
Location: ____________________________

Crew Details:
1. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

2. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

3. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

4. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

5. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

6. _________________________  O/S Time: ______:______
   Certification (circle): CC EMT FR CPR None
   Role on scene: Pt Care Ops Lifting Other: ______________

Gear Details: (specify crew number from above who provided said equipment)
O2: _______________  Radio: _______________
Sm Jump Kit: ___________  Lg Jump Kit: ____________
Ambulance O/S Time: ____:____  ALS O/S Time: ____:____

Notes: _______________________________________________________

Signature of member completing form: __________________________