EMERGENCY RESPONSE TEAM INCIDENT REPORT													
Location (Facility & Address):							Primary	Respond	er:				
							Departm	ent/Divisi	on:				
Exact Location Within the Facility:							Other Responders:						
Date	of Incident:		Tir	ne:									
Deficielly Many 2													
						ty Employ	ee?	Yes		No		<u> </u>	
If County Employee, Department/Division:													
Title/Classification:							Work	Phone nu	ımber:				
					DE	SCRIF	TION						
Describe clearly how the patient was discovered, primary symptoms and/or complaint, and what emergency actions were taken: (Attach additional sheet, if needed)													
					ACTIO	NS RE	QUIRED						
	Treatment Declir	Declined			rst Aid Or	nly		Treatme	ent by EMS	S Requir	red		
	AED Used		Other	De	escribe:								
	Transported to Hospital If known,							ospital?					
ANALYSIS													
Please provide your evaluation of the ways and methods with which the situation was handled and suggestions for improvement in the future: (Attach additional sheet, if needed)													
Printed Name Signature: Date:													