



Recurrent Calls for Service



Date: _____ Incident Number: _____

Time: _____ Fire Captain: _____

Address: _____

Patient Name: _____ Age: _____

Chief Compliant: _____

Description of Incident/Event: _____

Patient Transported: YES NO

Hospital Destination: _____ Transporting Unit: _____

If No, What was the Disposition: _____

Was there Police Involvement: YES NO

If so, which agency: _____

Anything Else that Should be Noted: _____

**PLEASE FORWARD TO THE EMS BATTALION CHIEF AND
THE ON DUTY BATTALION CHIEF**