



Radio Communication Reporting Form

Reporting Party _____ Incident#: _____

Employer: _____

Prehospital Personnel Involved:

Indicate probable cause of communication failure, and then provide explanation below.

Equipment malfunction Equipment unavailable MICN/Physician unavailable Unknown

Location: _____ (Indicate general area)

Other: _____

Explanation:

2. Did radio communication failure cause delay in patient care or adverse outcome?

3. What actions were taken as a result of any problems that were identified?

4. Were problems identified serious enough to warrant further action? If so, explain:

