



Critical Vehicle Failure/Equipment Failure Report Form



Send completed forms to info@ssvems.com no later than the end of the next business day

Incident Information			
Failure Type: <input type="checkbox"/> Critical Vehicle Failure <input type="checkbox"/> Biomedical Equipment Failure <input type="checkbox"/> Other Equipment Failure			
Agency Name:			
Name/Title of Incident Reviewer:			
Incident Date:		Incident Time:	
All Incident Numbers (including backup ambulance):			
Critical Vehicle Failure (Vehicle Failure Occurred During Assigned Emergency Call)			
Vehicle #:	Mileage:		Patient on Board: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Preventative Maintenance Date:		Last Preventative Maintenance Mileage:	
Initial Unit Times:			
Dispatch:	On Scene:	Transport:	Failure:
Subsequent Unit Times:			
Dispatch:	On Scene:	Transport:	Hosp. Arrival:
Medical Equipment Failure (Equipment Failure Occurred During Patient Care)			
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. (include additional pertinent details below)			
Equipment Involved:		Equipment Serial/ID#:	
Last Preventive Maintenance Date (if biomedical equipment):			
Description of Problem/Incident Summary/Actions Taken			