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Communications Failure Report

HOSPITAL/AGENCY REPORTING FAILURE

Agency: _____

Hospital: _____

INCIDENT INFORMATION

Date: _____ Time: _____ Run Number: _____ Unit Number: _____

Person Reporting Failure: _____

Contact Phone Number: () _____ Secondary Number: () _____

Exact Location of Field Unit: _____

Identify any obstructions: _____

Weather Conditions: Rain Snow Clear Cloudy Other: _____

800 MHZ TalkGroup Used: _____ HEAR Channel Used: _____ Antenna Used: Vehicle or Portable

PROBLEM INFORMATION

- Field Unit Hospital
- Did Not Answer
- Unit Out of Service
- Radio Failure
- Delay in Answering Call
- Other:

Unable to Communicate with: _____

Describe the Failure in Detail: _____

Cause of Problem/Resolution: _____

Reported By: _____

Name (PRINT)

Signature