

LAKE EMS COMMUNICATIONS
EMD / EFD DISCREPANCY REPORT

Complete the top section and fax to 352-742-4679, Attention: Quality Assurance Officer.

Reported by: _____ Agency: _____ Unit ID: _____

Date of Call: _____ Time: _____ CAD #: _____

Agencies/Units on Scene: _____

Dispatched Reference: _____

Dispatched Response Code (check one): _____

Nature of Call:

- Medical (EMD)
- Fire (EFD)

Non-emergency:

- Omega (Public Assist)
- Alpha

Emergency:

- Bravo
- Charlie
- Delta
- Echo

Problem Encountered: _____

Supervisor: _____ Date Received: _____

QI USE ONLY

Received by: _____ Date Received: _____

Call-Taker: _____ Dispatcher: _____

Investigation Comments: _____

Correct Reference (check one): _____ Correct Call Determinant (check one): _____

- Yes
- No

- Yes
- No

Total Protocol Compliance Score: _____ %

Results Reported to: _____ Date Reported: _____

ED-Q Signature: _____ Date Completed: _____