

Post-EAP Activation Incident Report – Template

Use this form to document the event details following an activation of the emergency action plan. If additional space is needed for any section, please attach additional pages with the required information. Ensure all pages are saved and stored together with this document.

Incident Date: ____/____/____ **Incident Time:** ____:____ AM / PM

Incident Location: _____

Specific Area of Location: _____

Was EMS on-site at the time of the event? Yes No **Number of Patients:** _____

Patient Information:

First and Last Name Date of Birth (mm/dd/yyyy)

Parent/Guardian Name Phone Number

Body Part/Area Affected Side

Patient Disposition:

- Patient evaluated and care provided by EMS
- Patient evaluated and refused care by EMS
- Patient evaluated and no care required by EMS
- Patient refused evaluation/care by EMS
- Other, please describe: _____

EMS Agency/Unit: _____

EMS Transport Destination: _____

Personnel Information:

Please list the names of the individuals involved in the emergency response, their role(s), and contact information.

Name Role(s) Phone Number

Name Role(s) Phone Number

Name Role(s) Phone Number

Name Role(s) Phone Number

Detailed Description of Events:

SAMPLE

Signature:

Signature

Print Name

Title

Date