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:**

**Signature:**

|  |  |  |
| --- | --- | --- |
| Signature |  | Print Name |
| Title |  | Date |