EMS TIME OUT FEEDBACK FORM

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Date of incident	Time of day of incident	Date this form submitted to COTS
Institution/Hospital	EMS Agency	EMS Unit

Incident details **(DO *NOT* INCLUDE ANY PROTECTED HEALTH INFORMATION including but not limited to PATIENT'S NAME, SOCIAL SECURITY NUMBER, OR ADDRESS)** *Continue on separate sheet of paper if more space is needed*

FAX COMPLETED FORM TO VIC GRAYMIRE AT 614-643-3826

FOR COTS' USE ONLY: Date PI Form received ______________________ By ________________________________

Follow-up contact with ____

Action taken (if any) ____

02/02; 03/05; 5/17