KITTITAS COUNTY MEDICAL PROGRAM DIRECTOR

PREHOSPITAL QUALITY IMPROVEMENT INCIDENT REPORT

CONFIDENTIAL

INSTRUCTIONS: The person completing this report must provide a clear description of the incident in the space below, sign the report, and forward the top copy to the Kittitas County MPD, c/o Kittitas County EMS Division, PO Box 821, 617 Power St., Cle Elum, WA 98922. P: 509-674-2932.

Incident Date:	Time(24-hour):	Patient's Name (If applicable):		Age:	Diagnosis:
Individuals Involved:			EMS Organization:		
INCIDENT DESCRIPTION (attach additional pages if necessary):					
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INITIATED BY:			Phono	Signatura	
Name (please print):		ease keep my e confidential	Phone:	Signature	
WITNESSES (if available):			Dhana	Ci	
Name (please print):	∐PI Nam	ease keep my e confidential	Phone:	Signature	
Name (please print):	□PI Nam	ease keep my le confidential	Phone:	Signature	
(Office use only)					
Date Received:	Incident Number:	Da	te Reviewed:	MPD Signa	iture:
Disposition/Comments:					