



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EXCEPTIONAL PERFORMANCE REPORT

This form has been developed as a means of reporting the outstanding performance of any care giver functioning in the EMS system, within the jurisdiction of the ICEMA region, including EMD's, EMT's, EMT-P's, MICN's, First Responders, Field Provider Agencies and Hospitals.

REPORT INITIATED BY:

Name: _____ Title/Cert/Accred.#: _____

Employer: _____ Address: _____

Phone#: _____ Date of Report: _____

EXCEPTIONAL PERFORMER:

Name: _____ Title/Cert#: _____

Employer: _____

DATE OF EVENT: _____ Location: _____

ALS Run Report# (if applicable): _____

SITUATION: (Include all pertinent facts. Use additional page if needed)

Why should this performance be considered exceptional?

Did you witness this event yourself? Yes No

If no, please name witness(es):

Name: _____ Title/Cert#: _____

Name: _____ Title/Cert#: _____

Signature: _____ Date: _____

*****ICEMA USE ONLY*****

Reviewed by: _____ Date: _____

Disposition: Placed in file Copy to employer
 Not approved Newsletter recognition