



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
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**RADIO COMMUNICATION FAILURE
INVESTIGATION FORM**

Reviewer: _____ Log #: _____
Employer: _____

Prehospital Personnel Involved:

Indicate probable cause of communication failure, and then provide explanation below.

- Equipment malfunction Equipment unavailable
 MICN/Physician unavailable Unknown
 Location: _____ (Indicate general area)
 Other: _____

Explanation: _____

1. Were Radio Communication Failure Protocols followed? If no, explain:

2. Did RCF cause delay in patient care or adverse outcome?

3. What actions were taken as a result of any problems that were identified?

4. Were problems identified serious enough to warrant further action? If so, explain:

*****ICEMA USE*****

REVIEWER: _____ DATE: _____

FURTHER ACTION (IF NECESSARY): _____