



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

FIRELINE PARAMEDIC (FEMP)

DEPLOYMENT NOTIFICATION FORM

ICEMA Reference #6090, Fireline Paramedic

Provider Name: _____

Incident Name: _____

Incident Location: _____

Incident County: _____

Order Number: _____

Request Number: _____

Fire Paramedic Name: _____ Accreditation #: _____

Fire EMT Name: _____ Certification #: _____

Agency Fire Designator Unit Number: _____

Deployment Time and Date: _____

Anticipated Return Date: _____

Actual Return Date: _____

Provider Agency must EMAIL or FAX this form prior to and upon return from deployment:

Email: paul.lopez@cao.sbcounty.gov

ICEMA

1425 South "D" Street

San Bernardino, CA 92415-0060

Office (909) 388-5823

Fax (909) 388-5825

ATTENTION: Paul Lopez