

$\underline{\mathbf{E}}$ mergency $\underline{\mathbf{M}}$ edical $\underline{\mathbf{S}}$ ervices

EMS Unit Out-of-Service Notification

Date			
Agency	Caller		
EMS Unit being taken out-of-service			
Reason			
Estimated length of time out-of-service			
Will there be a replacement unit if out an extended time	eframe? \square No) \ \ \ \	es
Name of Dispatch Center			
Fax this sheet to the respective dispatch center:	Completed	□ No	☐ Yes
1 1	15-844-7399		
	9-661-0908		
WoodCom (Woodford County) 30)9-467-7298		
	17-379-4078		
Grundy County 81	15-942-0767		
Is this the only EMS vehicle that your EMS service ha	s? 🗆 No	☐ Yes	
* Dispatchers, If the above box is marked "yes", ple until notified by this EMS office	ease page the next	closest agenc	ey for EMS calls
Signature of EMS Office or ED Charge Nurse			
Livia Dadanas An Con			
<u>Unit Return-to-Ser</u>	<u>'vice Nouncatio</u>	<u>n</u>	
Date Ti	me		
* Dispatchers, the above unit is back into service. A this agency.	At this time contin	ue normal ro	utine paging for
Signature of EMS Office or Charge Nurse			