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 timeframe?  □ No  □ Yes

Name of Dispatch Center ______________________________________

Fax this sheet to the respective dispatch center:  Completed  □ No  □ Yes

   LivCom (Livingston County)  815-844-7399
   MetCom (McLean County)    309-661-0908
   WoodCom (Woodford County) 309-467-7298
   Ford County                217-379-4078
   Grundy County              815-942-0767

Is this the only EMS vehicle that your EMS service has?  □ No  □ Yes

* Dispatchers, If the above box is marked “yes”, please page the next closest agency for EMS calls until notified by this EMS office

Signature of EMS Office or ED Charge Nurse ________________________________

Unit Return-to-Service Notification

Date __________________________  Time __________________________

* Dispatchers, the above unit is back into service. At this time continue normal routine paging for this agency.

Signature of EMS Office or Charge Nurse ________________________________