

Toronto Emergency Medical Services
Operations Supervisor's Service Delay Report

Supervisor: _____ Date: ____/____/____

Call Location: _____ Call Type: _____

Run #: _____ Vehicle #: _____ Time D/S Notified By CACC: ____:____

Crew: _____/_____

Quadrant: _____ Battalion: _____

Call Information: _____

Supervisor's Actions:

- 1) Was the crew contacted? Y__ N__ Time: ____:____
- 2) Did the crew complete the scene assessment tool and provide a report? Y__ N__
- 3) Has the crew directly observed and assessed the scene? Y__ N__
- 4) Did the Supervisor give direction to the crew not to delay medical services? Y__ N__
- 5) In the Supervisor's opinion were the Police/Fire/other allied services required? Y__ N__
- 6) Does the call information support the crew's decision to delay medical service? Y__ N__

Please provide a summary outlining the action(s) taken by the Supervisor to resolve the delay in service:

7) Was the Duty Officer consulted regarding delay in service? Y__ N__

If YES, please provide a detailed explanation why: _____

8) Has all the required documentation been completed and submitted? Y__ N__ Date: _____

****If NO, please provide which documentation is outstanding****

9) Is there any additional attached documentation (e.g. an incident generator form) : Y__ N__

District Supervisor's Name (print) and Signature: _____

Crew's Assigned Supervisor: _____ Date: _____

Date Received and Reviewed by District Operations Manager:

Manager: _____ Manager Signature: _____

Date Documentation Reviewed by Manager: _____

Further Actions Required: Y__ N__