TRANSCARE EMERGENCY MEDICAL SERVICES

Operation Dispatch Form

Form 100-1
Rev 1.0
Series Dec 2014

EVENT TITLE		☐ PAID ☐ CHARITY ☐ BILLING ☐ DISCOUNTED _____	
EVENT OWNER (Contact Person)		**Contact Details**	
EVENT ORGANIZER (Third Party)		**Contact Details**	
DATE AND TIME		**EVENT DURATION**	
EVENTS CALL TIME		**ESTIMATED CROWD**	
EVENTS VENUE		☐ INDOOR ☐ OUTDOOR	
TYPES OF EVENTS	☐ Religious Gathering ☐ Party ☐ Audition ☐ Show Taping ☐ Exhibition/Trade Event ☐ Outbound ☐ Festival ☐ Premier Night ☐ Sport/ Games Event ☐ Others ☐ Concert Specify:		
BRIEF CONCEPT DESCRIPTION			
EXPECTED VIP/ GUEST			
CROWD MANAGEMENT	ACCESS	☐ Free Ticket ☐ Open ☐ Invitation ☐ Paid Ticket ☐ Combination	
	SECURITY	☐ Internal ☐ External ☐ Combination	
	RISK	☐ Low ☐ Medium ☐ High	
	OTHERS		
CROWD INFORMATION	ECONOMIC CLASS	☐ A ☐ B ☐ C ☐ D ☐ E ☐ MIXED ☐ OTHERS Specify:	
	CROWD TYPE	☐ 3-7 ☐ 7-12 ☐ 12-18 ☐ 18-45 ☐ 45-60 ☐ 60- Above ☐ ALL AGES	
VENUE SAFETY EQUIPMENT		☐ Extngusiher _____ ☐ First Aid Kit _____ ☐ Fire Hose _____ ☐ SCBA _____ ☐ AED	

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TYPE OF SERVICE	☐ Manpower ☐ Ambulance ☐ Combination ☐ Support Unit Specify _____

	AMBULANCE MODEL	PLATE NUMBER	TYPE		AMBULANCE MODEL	PLATE NUMBER	TYPE
1				5			
2				6			
3				7			
4				8			

CREW CREDENTIALS	☐ EMT ☐ RN ☐ EMR ☐ COMBNATION		
NUMBER OF CREW		FULL NAME AND SIGNATURE OF MD	
Point of Destination	1)		
	2)		
	3)		
	4)		
SPECIAL CONSIDERATION			

PATIENT CENSUS	TRAUMA	MEDICAL	RATE			
TREATED			/	WAIVER	☐ Y ☐ N ☐ N/A	
TRANSPORTED			/	INSURANCE	☐ Y ☐ N ☐ N/A	
REFUSED			/	PRE-MED Check	☐ Y ☐ N ☐ N/A	
	HRS	MIN	READING		HRS	MIN
DISPATCH				WORKING TIME		
ON SCENE				TRAVEL TIME		
DEPARTURE				OVER-ALL		
ARRIVAL						

Prepared And Filled by:	Conformed by:	Noted by:
Team Leader	Client Representative	EMS SUPERVISOR

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EVENT TITLE		TOTAL CREW	

NO.	NAME	TITLE	POSITION	IN	OUT	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Prepared And Filled by:	Conformed by:	Noted by:
Team Leader	Client Representative	EMS SUPERVISOR