



TRANSCARE EMERGENCY MEDICAL SERVICES

Operation Dispatch Form

Form 100-1
Rev 1.0
Series Dec 2014

EVENT TITLE			<input type="checkbox"/> PAID	<input type="checkbox"/> CHARITY	<input type="checkbox"/> BILLING
			<input type="checkbox"/> 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			<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	
TYPES OF EVENTS	<div><input type="checkbox"/> Religious Gathering</div> <div><input type="checkbox"/> Party</div> <div><input type="checkbox"/> Audition</div> <div><input type="checkbox"/> Show Taping</div> <div><input type="checkbox"/> Exhibition/Trade Event</div> <div><input type="checkbox"/> Outbound</div> <div><input type="checkbox"/> Festival</div> <div><input type="checkbox"/> Premier Night</div> <div><input type="checkbox"/> Sport/ Games Event</div> <div><input type="checkbox"/> Others</div> <div><input type="checkbox"/> Concert</div> <div>Specify:</div>				
BRIEF CONCEPT DESCRIPTION					
EXPECTED VIP/ GUEST					
CROWD MANAGEMENT	ACCESS	<div><input type="checkbox"/> Free Ticket</div> <div><input type="checkbox"/> Open</div> <div><input type="checkbox"/> Invitation</div> <div><input type="checkbox"/> Paid Ticket</div> <div><input type="checkbox"/> Combination</div>			
	SECURITY	<div><input type="checkbox"/> Internal</div> <div><input type="checkbox"/> External</div> <div><input type="checkbox"/> Combination</div>			
	RISK	<div><input type="checkbox"/> Low</div> <div><input type="checkbox"/> Medium</div> <div><input type="checkbox"/> High</div>			
	OTHERS				
CROWD INFORMATION	ECONOMIC CLASS	<div><input type="checkbox"/> A</div> <div><input type="checkbox"/> B</div> <div><input type="checkbox"/> C</div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E</div> <div><input type="checkbox"/> MIXED</div> <div><input type="checkbox"/> OTHERS</div> <div>Specify:</div>			
	CROWD TYPE	<div><input type="checkbox"/> 3-7</div> <div><input type="checkbox"/> 7-12</div> <div><input type="checkbox"/> 12-18</div> <div><input type="checkbox"/> 18-45</div> <div><input type="checkbox"/> 45-60</div> <div><input type="checkbox"/> 60- Above</div> <div><input type="checkbox"/> ALL AGES</div>			
VENUE SAFETY EQUIPMENT	<div><input type="checkbox"/> Extnngusiher _____</div> <div><input type="checkbox"/> First Aid Kit _____</div> <div><input type="checkbox"/> Fire Hose _____</div> <div><input type="checkbox"/> SCBA _____</div> <div><input type="checkbox"/> AED</div>				



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TYPE OF SERVICE				<input type="checkbox"/> Manpower <input type="checkbox"/> Ambulance <input type="checkbox"/> Combination <input type="checkbox"/> Support Unit Specify _____			
	AMBULANCE MODEL	PLATE NUMBER	TYPE		AMBULANCE MODEL	PLATE NUMBER	TYPE
1				5			
2				6			
3				7			
4				8			
CREW CREDENTIALS		<input type="checkbox"/> EMT <input type="checkbox"/> RN <input type="checkbox"/> EMR <input type="checkbox"/> 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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
TRANSPORTED			/	INSURANCE	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
REFUSED			/	PRE-MED Check	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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:
<hr/>	<hr/>	<hr/>
Team Leader	Client Representative	EMS SUPERVISOR



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EVENT TITLE		TOTAL CREW	
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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:
<div></div>	<div></div>	<div></div>
Team Leader	Client Representative	EMS SUPERVISOR