**WEEKLY STATION REPORT**

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| **Station:** |  | | | **Date From** |  | | **Date to** | |  |
| **Team Leader** |  | | | | | | | | |
| **EMT 1** |  | **EMT 2** |  | | | **EMT 3** | |  | |

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| **Education and Personal Development** | | | |
| **Date** | **Name** | **Training Undertaken** | **Hours** |
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|  | | TOTAL |  |

**All training should be based on the curriculum set by the Education and Development Department of NA**

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| **Patients Treated** | | | | |
| **Date** | **CAD** | **Presenting complaint** | **Outcome** | **PCR done?** |
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| **Standbys** | | |
| **Date** | **Type of Standby** | **Hours on Standby** |
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|  |  |  |
|  | **Total Hours** |  |

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| **Vehicle Issues** | | | |
| **Date** | **Defect** | **Outcome** | **Hours off-road** |
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| **Base Issues** | | |
| **Date** | **Defect** | **Outcome** |
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| **Facility Issues** | | |
| **Date** | **Defect** | **Outcome** |
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| **Base Commander Interactions** | | | |
| **Date** | **Reason** | **Outcome** | **COS/DOO Informed** |
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| **Escape Hoods** | |
| **Date of Expiry** | **Serial Number (if applicable)** |
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| **Entonox Usage** |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Cylinder Number |  |  | **Full** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Cylinder Number |  |  | **Full** |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Date |  |
| Cylinder Number |  | Cylinder Number |  |
| Outgoing TL |  | Outgoing TL |  |
| Incoming TL |  | Incoming TL |  |

**Once completed an electronic copy of the weekly report should still be forwarded to:**

**NAManagerCICPA@nationalambulance.ae**