

**Region One EMS Quality Improvement Committee  
Monthly MAIS Report  
2005**

<b>Company / Squad Name</b>	<b>Month / Year</b>
<b>Form Completed By</b>	<b>Title</b>
<b>Calls in your first due area</b>	
1. Total calls for the month:	2. Total priority 1 & 2 calls:
3. Total priority 1 & 2 calls with ALS coverage:	4. Total calls with "On Scene" time greater than 12 minutes:
<b>Mutual Aid Calls</b>	
<b>Mutual Aid with</b>	<b>Total calls for the month</b>
5.	
6.	
7.	
8.	
<b>Medic Assist Calls</b>	
<b>Medic Assist with</b>	<b>Total calls for the month</b>
9.	
10.	
11.	
12.	

**Instructions on back of form.**

This report should be completed and mailed by the tenth (10<sup>th</sup>) of the following month. If you have any questions please call 301-723-4119.

Send completed forms to: William Hardy, Prehospital Care Coordinator  
WMHS Memorial Campus  
600 Memorial Avenue  
Cumberland, MD 21502

## Instructions

Please print clearly

Company / Squad Name: Enter your department's name.

Month / Year: Enter the month and year you are preparing this report for.

Form Completed By / Title: Enter the name and title of the person completing this report.

Item 1: List the total number of emergency calls in your First Due area. Do not include Standbys, Patient Transfers, or Training Runs.

Item 2: List the total number of Priority 1 and 2 calls in your First Due area.

Item 3: List the total number of Priority 1 and 2 calls in your First Due area with CRT, CRT-I or Paramedic coverage.

Item 4: List the total of all calls with an "On Scene" time over 12 minutes.

Item 5 – 8: List the company requesting "Mutual Aid" and the total number of request for the month.

Item 9 – 12: List the company requesting "Medic Assist" and the total number of request for the month.