

Region One EMS Quality Improvement Committee
Monthly MAIS Report
2005

Company / Squad Name	Month / Year
Form Completed By	Title
Calls in your first due area	
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:
Mutual Aid Calls	
Mutual Aid with	Total calls for the month
5.	
6.	
7.	
8.	
Medic Assist Calls	
Medic Assist with	Total calls for the month
9.	
10.	
11.	
12.	

Instructions on back of form.

This report should be completed and mailed by the tenth (10th) 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.