



## El Dorado County Emergency Services Authority

Policy Subject Matter:       **Equipment Failure**  
Review Date:  
Revision Date:  
Creation Date:               **09.01.99**

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### **I. Policy:**

The El Dorado County Emergency Services Authority (JPA) and its member agencies shall promptly identify and track any equipment and/or vehicle failures.

### **II. Purpose:**

The purpose of the policy is to ensure that failure of equipment and/or vehicles is reported promptly and that a tracking process exists to assist in identifying trends/problems.

### **III. Procedure:**

1. Written documentation of all equipment and/or vehicle failure shall be completed within 24 hours using the Unit/Equipment Failure Report.
2. If the failure affected patient care or resulted in delay in patient care, appropriate EMS Agency incident reporting shall be completed in addition to the Unit/Equipment Failure Report.  
[http://www.edcgov.us/Government/EMS/Forms/EMS\\_Event\\_Analysis.aspx](http://www.edcgov.us/Government/EMS/Forms/EMS_Event_Analysis.aspx)
3. Broken or non-functioning equipment shall be clearly marked and removed from service. Arrangements for immediate repair of broken or non-functioning equipment shall be made as soon as possible.
4. Information regarding the equipment failure shall be shared as soon as possible with other JPA member agencies and the JPA Administrative Office.

# VEHICLE/EQUIPMENT FAILURE REPORT

Date of Failure:	Time of Failure:	Medic Unit:	Incident#:
Location of Failure:			
Situation at Time of Failure: <input type="checkbox"/> Non-Emergency Operations <input type="checkbox"/> Enroute to Incident <input type="checkbox"/> At Scene of Incident <input type="checkbox"/> Enroute to Hospital		Type of Failure: <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Equipment Failure <hr/> Property/Tag #: _____	
Description of Failure:			
Result of Failure: <input type="checkbox"/> Delayed Response (# of minutes _____) <input type="checkbox"/> Delayed Transport (# of minutes _____) <input type="checkbox"/> Delayed Treatment (# of minutes _____) <input type="checkbox"/> Other _____			
Crew #1 Name: (Print)		Crew #2 Name: (Print)	
Signature:		Date:	

**COMPLETE FORM FOR ALL VEHICLE/EQUIPMENT FAILURES AND SUBMIT TO CHIEF OFFICER WITHIN 24 HOURS**