Submit form to: sherrie@edcjpa.org

Exception for Response Time Criteria Form

In the event that your medic unit exceeds the response time criteria for any of the reasons listed below, please check the appropriate box and provide an explanation.

- ❑ Disaster and mutual-aid situation (mutual-aid shall not be chronically used to avoid response time requirements).
- ❑ Additional units responding to large multi-casualty incident situations requiring more than two ambulances.
- ❑ Incorrect or inaccurate dispatch information received at a 9-1-1 PSAP, public safety agency, or other direct source.
- ❑ Material change in dispatch location (Volcanoville Road vs. Volcano Road).
- ❑ Unavoidable communications failure.
- ❑ Inability to locate address due to non-existent address (Number or Street Signage).
- ❑ Inability to locate patient due to patient departing the scene provided that the unit has arrived at the originally dispatched location within the response time standard.
- ❑ Delays caused by extraordinary adverse traffic conditions.
- ❑ Delays caused by road construction and/or closure.
- ❑ Unavoidable delays caused by off-paved-road locations.
- ❑ Severe weather conditions including dense fog, snow, or ice.
- ❑ Delays attributable to the County and not due to the JPA (including an inventory audit).
- ❑ Delays attributable to geographic location (extreme remote location).
- ❑ Delays attributed to limited or controlled access to patient locations.
- ❑ Call was dispatched as "Code 2" or reduced to "Code 2" while in route.
- ❑ Staging required until scene is secured by law enforcement units.

Explain reason(s) for delay (required):

Incident #: _____ **Date of Incident:** ___ / ___ / 20 __ **Medic Unit Number:** _____

Location of Call: _____

Times: _____ / _____ / _____

Time of Dispatch **Arrival** **Response Time**

Please Check Appropriate Response Area Below:

☐ **Urban:** 11 minutes ☐ **Semi-Rural:** 16 minutes ☐ **Rural:** 24 minutes ☐ **Wilderness:** 90 minutes

Special Inquiry: If the delay was caused by a move-up please explain (Example: Call was in an area we moved from. We moved from Station# ____ to Station# ____ and:

Paramedic Signature: _____ **Print Paramedic Name:** _____

Date: _____

NOT PART OF PATIENT MEDICAL RECORD

Revised 03.12.18

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