



EXCEPTIONAL PERFORMANCE REPORT

(To be completed when exceptional field or clinical performance is demonstrated by any EMS personnel.)

Report Initiated by:

Name: _____ Title/Cert #: _____
Employer: _____
Phone No.() _____ Ext: _____ Date of Report: ____/____/____
Address: _____ City: _____ State: _____ Zip Code: _____

Exceptional Performer:

Name: _____ Title/Cert #: _____
Employer: _____
Date of Event: ____/____/____ Time: _____
Location: _____
Run Report # (if applicable): _____

Situation: (Include all pertinent facts. Use reverse side if needed.) _____

Why should this performance be considered exceptional? _____

Did you witness this event yourself? If no, please name witness(es): Yes No

Name: _____ Title/Cert #: _____

Name: _____ Title/Cert #: _____

Signature

Date