



Mark I Kit Notification of Usage

This is to notify the EMS Agency for any reason (intentional or accidental) of the use of a Mark I Kit within the County of Riverside. When a Mark I Kit has been used, it is necessary to notify the EMS Agency within 24 hours of use. Refer to Policy # 5900 of the Riverside County Emergency Medical Services Policy and Procedure Manual. Please provide the following information:

Date of use: _____

Time of use: _____

Reason the Mark I Kit was discharged: (please circle one)

Accidental

Intentional

Brief description of the incident in which the Mark I Kit was discharged:

Number of Kits used: _____

Any Adverse Reactions reported:

Name of Person Completing Form: _____

Name of Agency Reporting Use: _____

Contact Phone Number: _____

Signature of Person Completing Form: _____

Fax this form to (951) 358-5160 within 24 hours of use of the Mark I Kit.

