

CITY OF TORRINGTON

EMS PROVIDER ACTIVITY REPORT

Reporting Period: MONTH of DECEMBER 2023

Lic./Cert. # _____ NAME OF EMS PROVIDER: _____

CONTACT PERSON: _____ TELEPHONE # _____

Call Related Information

1. Total number of **requests** for EMS received by **your community's 9-1-1 PSAP**, for which your Ambulance Service was requested (**within your PSA**)
2. The number of 911 calls to which you **responded (Within your PSA)**
3. Average "Response Time" for your service in minutes (**Lights and Sirens**).....
4. Fire Department Assists.....
5. Number of 9-1-1 calls cancelled.....
6. Number of 9-1-1 calls your Ambulance Service passed onto another provider.....
7. Total Number of emergency mutual aid 9-1-1 calls to which you responded (add up from below):...
Town _____, # calls _____; Town _____, # calls _____
Town _____, # calls _____; Town _____, # calls _____
8. Average Response Time for your Mutual Aid calls.....
9. Number of 9-1-1 calls at 50 Field St (Court House).....
 - 9.1 Average Designated First Responder response time (if available)
10. Number of 9-1-1 responses on which a Paramedic was on scene or intercepted in route to..
hospital.
 - 10.1 Number of 9-1-1 responses on which the Paramedic was on the transport to the.....
hospital

Patient Related Information

11. TOTAL NUMBER OF TRAUMATIC INJURY PATIENTS:
12. MEDICAL EMERGENCY PATIENTS (*Total Number*)
 - 12.1 Cardiac Arrest Patients
 - 12.1.1 Number of patients defibrillated
 - 12.1.2 Successful defibrillations
(*resulting in return of spontaneous cardiac activity*)
13. Number of patients treated and / or transported under the age of 18 years.....
14. OTHER