Crew Sergeant Shift Report

Date: _____________  Crew: ________________________

Crew Sgt: ________________________  Duty Officer: _______________________

Members Present: (please include release level)

_________________________________     __________________________________
_________________________________     __________________________________
_________________________________     __________________________________
_________________________________     __________________________________
_________________________________     __________________________________
_________________________________     Car 131: __________________________
_________________________________     Car 132: __________________________

Members Absent: (Excused / Unexcused?)

_________________________________      _________________________________
_________________________________      _________________________________
_________________________________      _________________________________

The following tasks should be completed at the beginning of each shift:

☐ Fax the Shift Status Report to ECC (293-3083)

☐ Discuss current and projected staffing with the Duty Officer (962-9151)

☐ Check and Decontaminate all first due units according to the Ambulance Equipment Checklist and Decontamination Guideline:

_________________________________     _____________________________
_________________________________     _____________________________

☐ Units not in the first due line up should be checked according to the Reserve Ambulance Equipment Checklist:

_________________________________     _____________________________
_________________________________     _____________________________

Follow Up Needed
The following tasks should be completed prior to the end of each shift:

- Assigned weekly chore completed: ____________________________
- All glasses, dishes, linen, and trash littering the building were put away.
- All trash cans checked and emptied
- Upstairs hallway, stairs, downstairs hallway, and foyer swept
- Kitchen swept and mopped, dishwasher has been run and emptied, counters wiped down.
- All call sheets have been filled out completely and appropriately including: Location, Members Names, Times, Incident Number, and Patient Information.

*** If any of the assigned tasks or shift expectations were not completed please explain why. You may also use this space to document any unusual events, concerns, or complaints you may have.

Crew Sergeant Signature: ____________________________