

MONTHLY EMS STATISTICAL REPORT  
ROBESON COUNTY FRANCHISE ORDINANCE

To: Robeson County Emergency Services Plan Agencies

From: Robeson County Emergency Services Plan

Date: June 14, 2012

Subject: Robeson County Franchise Ordinance  
EMS Statistics for the Month of \_\_\_\_\_  
Department/Service\_\_\_\_\_

**-Number of Emergency Calls** \_\_\_\_\_  
**-Number Requiring ALS Intervention** \_\_\_\_\_  
**-Number of Non-Emergency Calls** \_\_\_\_\_  
**-Number of Cancelled Calls** \_\_\_\_\_  
**- Number of Cardiac Arrest Calls** \_\_\_\_\_  
**-Total Number of Calls** \_\_\_\_\_  
**-Total Patients Transported** \_\_\_\_\_

Is Credentialing Information System up to date with personnel? (Deletions of non-functioning members and addition of new members) Yes No

How many staff at each level does the squad have? EMT \_\_\_ EMT-I\_\_\_ EMT-P\_\_\_

Vehicle Checklists being maintained drugs and equipment in date? Yes No

Maintenance repair and cleaning of vehicles and equipment followed? Yes No

Letters of confirmation releasing new members sent to EMS on probationary members?  
Yes No N/A

Patient care reports are completed within 96 hours? Yes No

**\*\*\*Important\*\*\* Reports should be completed by the 10<sup>th</sup> day of the month per franchise requirements!**

If you have any questions call me on office phone 910-671-3250 cell phone 910-733-6554 or E-Mail:[greg.bounds@co.robeson.nc.us](mailto:greg.bounds@co.robeson.nc.us)