



BOSTON EMS Equipment Failure Report Form

Date: _____

Reported by [*Printed Name*]: _____

Vehicle Designation: _____

Badge Number: _____

Vehicle Plate: _____

Type of Equipment

AED

Stretcher

Stair Chair

Pulse Oximeter

LP 15

Scoop Stretcher

CPAP

Other [*specify*] _____

LP 12

Equipment Serial Number: _____

Describe Failure

Was a *patient* involved? [*Yes or No*] _____

Was an *Incident Report* filed? [*Yes or No*] _____

For Materials unit only

Intake by [*Printed Name*]: _____

Call Sign: _____

Failure verified? _____

Equipment Replaced? _____

Repair Notes:
