EXETER DISTRICT AMBULANCE

302 E. Palm
Exeter, CA 93221

Phone: 559-594-5250
Fax: 559-592-2301

INCIDENT REPORT

Paramedic:		**EMT:**	
Start Day/Time:		**End ay/Time:**	
Station:		**Initial Info:**	
Incident Type:			

Incident Details

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Observations and Comments

Peter Sodhy		
Completed By	Signature	Date
Crew Interviewed		Date

EXETER DISTRICT AMBULANCE

DISPATCH AND RESPONSE ISSUE FORM

302 E. Palm
Exeter, CA 93221
Phone: 559-594-5250
Fax: 559-592-2301

Date | **Ticket #** | **Run #**

Issue

☐ TCCAD Incorrect Timestamps ☐ Actual Chute Delay ☐ Actual Late Arrival ☐ Bad Traffic ☐ Long Dispatch
☐ Pager/Radio Failure ☐ TCCAD Bad Information ☐ Other

Additional Issue Description

Times per TCCAD

Initial Dispatch | **Response** | **On Scene**

Actual Times

Initial Dispatch | **Response** | **On Scene**

Additional Comments

Paramedic | **Date** | **EMT** | **Date**

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Issue

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Additional Issue Description

Times per TCCAD

Initial Dispatch | Response | On Scene

Actual Times

Initial Dispatch | Response | On Scene

Additional Comments

Paramedic | Date | EMT | Date

EXETER DISTRICT AMBULANCE

HUMAN RESOURCES
STATUS CHANGE FORM

302 E. Palm
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Phone: 559-594-5250
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Employee Information

Last Name	First Name	MI

SSN	Date of Birth	Gender
		M / F

Employment Status

☐ New Hire ☐ Rehire ☐ Return from Extended Leave ☐ Return from FMLA

Explanation:

Work Status

☐ Per Diem/PT to Full Time ☐ Full Time to Per Diem ☐ Non-Exempt to Exempt ☐ Exempt to Non-Exempt

Explanation:

Separation Status

☐ Termination for cause ☐ Voluntary Resignation ☐ Job Abandonment ☐ Leave of Absence ☐ FMLA ☐ Other

Eligible for rehire? ☐ Yes ☐ No

Explanation:

Compensation

Current Rate | **New Rate**

Position

Current Title | **New Title**

*Attach signed New Job Description to this form

Benefits

☐ Eligible for benefits ☐ No longer eligible for benefits ☐ COBRA

Medical Eligibility Date

Vision, Dental, Life Eligibility Date

PERS Eligibility Date

Details:

Notes:

Effective Date	Authorized By (Name)	Signature	Date

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EXETER DISTRICT AMBULANCE UNIFORM ORDER FORM

Name:		**Date:**	
Phone:		**Due:**	
Position:		**Taken by:**	

Quantity	Style Number	Size	Color	Notes	Price
	5.11 Polo Shirt		BLK	Embroider EDA Logo	
	T-Shirt 3 pack		BLK	Embroider EDA Logo	
	5.11 EMT Pants		BLK		
	Duty Boots		BLK		
	5.11 Job Shirt		BLK	Embroider EDA Logo	
	Flexfit hat		BLK	Embroider EDA Logo	
	Jacket w/ Reflective Tape		BLK	Embroider EDA Logo	
				ESTIMATED TOTAL	
				Available Allocation	
				Amount to be covered by employee (if exceeds available allocation)	

Approved by (Manager or Admin Staff) _____ Date _____

Fax to: BEATWEAR 559-627-5765 | Date:

Rev: 05/15/2018

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EDA Uniform Purchases - Procedure

1. Come into the office and complete “Uniform Request Form” (located in the front office)
   Request to include the following:
   *Your Name
   *Phone number
   *Date
   *Item and quantity
   *Size
2. Submit Request Form to District Manager for approval.
3. Office staff will review employee available/remaining uniform allowance. Any overage above the allotment the employee will be notified and overage will be responsibility of the employee. The employee may also change their order accordingly. Copy of orders will be placed in the employee file.
4. Request Form will be faxed to Beatwear by office staff for processing.
5. Beatwear will contact employee when order is ready for pickup.

Thank you!