CRITERIA BASED DISPATCH
SUGGESTIONS / COMMENTS / KUDOS
(May be initiated by Dispatchers, EMTs, Nurses, Paramedics)

Date of Call:__________ Time of Call:_____________ MIRF Form #____________________

Dispatch Center Incident/Activity #: ___________ Initial Dispatch Code:_________________
Person Initiating Report:__________________________ Work Phone #:_________________
Agency Name:_______________________________________________________________

COMMENTS: PERSON INITIATING REPORT
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

SUPERVISOR APPROVAL: __________________________ DATE:_________________
(Supervisor approval optional per your department policy.)

COMMENTS: DISPATCH SUPERVISOR REVIEW
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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____Handled in-house by dispatch center, no further follow-up recommended.
____Recommend system review by King County EMS Division.
SUPERVISOR:________________________ DATE:_________________

COMMENTS: KING COUNTY EMS DIVISION or DISPATCH REVIEW COMMITTEE
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

REVIEW BY:________________________ DATE:_________________

ROUTING:
Initiating person: Fax copy to EMS 206-296-4866. Route original (all 3 copies) to dispatch center
where the call originated.
Dispatch Supervisor: After completing form:
Send pink copy to the person who initiated the form.
If requesting EMS Division Review: Send white and yellow copies to EMS.
If handled in-house, NO EMS REVIEW: Retain yellow copy for your files and
send white only to EMS.
EMS Division: After EMS Division Review, send yellow copy to Dispatch Supervisor.
Fax copy to initiating person.
File white copy for EMS files.