

WILL/GRUNDY EMS SYSTEM  
NOTIFICATION OF OUT-OF-SERVICE AMBULANCE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_ HOURS

AGENCY: \_\_\_\_\_

PERSON COMPLETING REPORT: \_\_\_\_\_

PHONE # YOU CAN BE REACHED AT: \_\_\_\_\_

**VEHICLE INFORMATION:**

LICENSE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

VIN # \_\_\_\_\_ (AT LEAST THE LAST 4)

LEVEL OF SERVICE:      ALS              BLS              ILS              A/D

DURATION OF TIME TO BE OUT-OF-SERVICE:

(\_\_\_\_\_) HOURS      (\_\_\_\_\_) DAYS      (\_\_\_\_\_) UNKNOWN

REASON FOR TAKING THE AMBULANCE OUT-OF-SERVICE:

(\_\_\_\_) ROUTINE MAINTENANCE    (\_\_\_\_) ACCIDENT    (\_\_\_\_) MAJOR REPAIR

OTHER: (EXPLAIN) \_\_\_\_\_

**CONTIGENCY PLAN** (HOW DO YOU PLAN TO MAINTAIN LEVEL OF SERVICE) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**BACK IN SERVICE**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME: \_\_\_\_\_ HOURS

PERSON COMPLETING REPORT: \_\_\_\_\_

NAME OF WILL/GRUNDY EMPLOYEE RECEIVING REPORT: (SIGN BELOW)

\_\_\_\_\_