

APPENDIX A

APPENDIX A WILL INCLUDE A COPY OF:

- DRUG ADMINISTRATION RECORD
- INCIDENT REPORT
- EMPLOYEE WARNING NOTICE



Greenville/Greene County EMS

MED: _____ Month: _____ Year: _____

RSI ADMINISTRATION RECORD

E	M	A	N	K
T	I	N	I	E
O	D	E	M	T
M	A	C	B	A
I	Z	T	E	M
D	O	I	X	I
A	L	N		N
T	A	E		E
E	M			
20	5	100	10	500
mg	mg	mg	mg	mg
PAR LEVEL				
BROUGHT FORWARD	2	3	4	1

NARCOTIC ADMINISTRATION RECORD

M	F	L	P	T
O	E	O	H	O
R	N	R	E	R
P	T	A	N	A
H	A	Z	A	D
I	N	E	R	O
N	Y	P	A	L
E	L	M	N	
4	100	2	25	60
mg	mcg	mg	mg	mg
PAR LEVEL				
BROUGHT FORWARD	4	3	2	1

DATE	MEDIC COMING ON SHIFT	MEDIC GOING OFF SHIFT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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30		
31		

Greeneville/Greene County EMS Medication Administration & Waste Log

[illegible]

NARCOTICS MUST BE CHECKED DAILY AND SIGNED OFF. ANYTIME A MEDICATION IS GIVEN IT MUST BE RECORDED HERE. NARCOTICS SHOULD BE REPLACED THE SAME SHIFT IT IS ADMINISTERED. THIS FORM SHOULD BE GIVEN TO THE SUPERVISOR AT THE END OF THE MONTH.



GREENE COUNTY/GREENEVILLE EMS

INCIDENT REPORT

REPORT # _____

EMPLOYEE SECTION

INCIDENT TYPE: ☐ PROPERTY DAMAGE ☐ COMPLAINT ☐ *BODILY INJURY ☐ DISPATCH ☐ OTHER _____

**REQUIRES FIRST REPORT OF INJURY OR EXPOSURE INCIDENT PACKET AS APPLICABLE!*

DATE OF INCIDENT: _____

TIME: _____ AM/PM

NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SUPERVISOR REPORTED TO: _____

SHIFT: ☐ BLUE ☐ RED ☐ GREEN ☐ DAYSHIFT

DESCRIPTION OF INCIDENT:

INCIDENT LOCATION: _____

POLICE REPORT: ☐ YES ☐ NO IF YES, WHICH AGENCY? _____

BODILY INJURY? ☐ YES ☐ NO PROPERTY DAMAGE? ☐ YES ☐ NO IF YES, DESCRIBE BELOW:

DESCRIBE ANY PROTECTIVE/PREVENTITIVE EQUIPMENT USED: _____

DRAW DIAGRAM ON PROVIDED FORM IF APPLICABLE

SIGNATURE OF EMPLOYEE REPORTING INCIDENT: _____

SUPERVISOR SECTION

ACTION TAKEN AND/OR SUPERVISOR COMMENTS: _____

INFECTION CONTROL OFFICER NOTIFIED? ☐ YES ☐ NO DATE: _____ TIME: _____ AM/PM

INCIDENT REPORT



GREENE COUNTY/GREENEVILLE EMS

INCIDENT REPORT

DIAGRAM OF INCIDENT

N
W + E
S

EMPLOYEE WARNING NOTICE

EMPLOYEE		WARNING DATE / /
EMPLOYEE NO.	DEPARTMENT	SHIFT

VIOLATIONS

<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> PERSONAL WORK	<input type="checkbox"/> UNAUTHORIZED ABSENCE
<input type="checkbox"/> CARELESSNESS	<input type="checkbox"/> REFUSAL TO WORK OVERTIME	<input type="checkbox"/> WORK QUALITY
<input type="checkbox"/> CONDUCT	<input type="checkbox"/> SAFETY	<input type="checkbox"/> WILLFUL DAMAGE TO COMPANY PROPERTY
<input type="checkbox"/> INSUBORDINATION	<input type="checkbox"/> TARDINESS	<input type="checkbox"/> OTHER _____

WARNINGS PREVIOUSLY

WARNING #	DATE	ORAL	WRITTEN	SIGNED
1				
2				
3				

COMPANY STATEMENT

SIGNED
TITLE
DATE / /

EMPLOYEE STATEMENT

<input type="checkbox"/> I agree with Company Statement.
<input type="checkbox"/> I disagree with Company Statement.
REASONS
SIGNED
DATE / /

ACTION TAKEN

I have read this Warning Notice and understand it.

EMPLOYEE'S SIGNATURE _____ DATE _____

SUPERVISOR _____ DATE _____

☐ This form was refused by Employee

SUPERVISOR _____ DATE _____

* If the Employee Warning Notice, after completion, contains information on the medical condition or history of an employee, then it must be maintained in a separate medical file and treated as confidential in accordance with applicable law and regulations.