Peoria Area EMS System
EMT Intermediate/Paramedic Training Program
1. INCIDENT REPORT FORM
2. ABSENCE & TARDY FORM

FTI – COMPLETE the following information and FAX to *PAEMS System*:

FTI Name (Print): _____ **Shift Date:** _____

FTI Contact Phone Number: _____ **FTI Agency:** _____

Intern Name: _____ **Circle ONE: EMT-B EMT-I EMT-P**

Intern Course Coordinator: _____ **Course Location:** _____

Shift Scheduled: _____ **to** _____

1. INTERN INCIDENT REPORT FORM

DESCRIPTION OF OCCURRENCE OR EVENTS:

_____

_____

_____

(Attach additional page, if needed.)

2. INTERN ABSENCE/TARDY REPORT

1. **Time Arrived:** _____ **Time Left:** _____ **Time Called-Off:** _____

2. **Check the appropriate line below:** **No-show** _____ **Left early** _____
   Late _____ **Called-off** _____

3. **Comments:**

_____

_____

_____

_____

FTI Signature: _____ **Date:** _____

FAX: 309-655-2090 *PAEMS OFFICE* ATTN: EMS EDUCATION