



Rainy River District EMS



POTENTIAL CAUTION FLAG ASSESSMENT FORM

- STEP #2 -

DEPUTY CHIEF – OPERATIONS OR DESIGNATE REVIEW

Deputy Chief Reviewing Caution: _____ Date Reviewed: _____

Signature: _____

Allied Agency Consultation

YES NO

Agency Name: _____

Person Contacted: _____

Date/Time: _____

Comments:

Deputy Chief Operations Comments:

30 60 90 365

Support Request – Complete & Forward to Chief of Paramedic Services for Step #3

Do Not Support - Forward to Chief of Paramedic Services

Deputy Chief's Signature: _____ Date: _____