



CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

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EMERGENCY MEDICAL DISPATCHER (EMD) CALL MONITORING LOG

THIS FORM IS INTENDED FOR USE AS A MONITORING LOG AND RECORD OF CALLS TAKEN AND MANAGED / DISPATCHED BY NEW-HIRE EMERGENCY MEDICAL DISPATCHERS WORKING FOR DUPAGE PUBLIC SAFETY COMMUNICATIONS (DU-COMM).

EACH CALL IS REQUIRED TO BE REVIEWED AND SIGNED OFF BY AN APPROPRIATE PRECEPTOR, SUPERVISOR, OR COORDINATOR AS DESIGNATED.

ONCE COMPLETED, PLEASE SUBMIT DOCUMENTATION TO THE CDHEMS SYSTEM OFFICE.

PERSONNEL NAME: _____ CERTIFICATION NUMBER: _____ EXP. DATE: ____/____/____

LOG #	DATE	TIME	CASE #:	CHIEF COMPLAINT	MONITORED BY:	REVIEWED BY:
1	___/___/___	__:__	_____	_____	_____	_____
2	___/___/___	__:__	_____	_____	_____	_____
3	___/___/___	__:__	_____	_____	_____	_____
4	___/___/___	__:__	_____	_____	_____	_____
5	___/___/___	__:__	_____	_____	_____	_____
6	___/___/___	__:__	_____	_____	_____	_____
7	___/___/___	__:__	_____	_____	_____	_____
8	___/___/___	__:__	_____	_____	_____	_____
9	___/___/___	__:__	_____	_____	_____	_____
10	___/___/___	__:__	_____	_____	_____	_____
11	___/___/___	__:__	_____	_____	_____	_____
12	___/___/___	__:__	_____	_____	_____	_____
13	___/___/___	__:__	_____	_____	_____	_____
14	___/___/___	__:__	_____	_____	_____	_____
15	___/___/___	__:__	_____	_____	_____	_____
16	___/___/___	__:__	_____	_____	_____	_____
17	___/___/___	__:__	_____	_____	_____	_____
18	___/___/___	__:__	_____	_____	_____	_____
19	___/___/___	__:__	_____	_____	_____	_____
20	___/___/___	__:__	_____	_____	_____	_____

AGENCY COORDINATOR NAME: _____ SIGNATURE: _____

****STOP**** DO NOT WRITE BELOW THIS LINE. FOR EMS SYSTEM USE ONLY

DATE RECEIVED: ___/___/___ PROCESSED BY: _____ SIGNATURE: _____

SYSTEM COMMENTS / NOTES: _____