PHC ED MCI Call List

Date								
Type of Incident								
Staff Member completing								
Employee Name	**Primary Number**	**Role**	**Time Called In**	**Coming now?**	**Told to Call back in ___hours**	**Called Back**		**Comments**
		Manager		**Yes / No**				
		Manager		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		ETT		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		RN		**Yes / No**				
		ETT		**Yes / No**				
		ETT		**Yes / No**				
		RN		**Yes / No**				
		ETT		**Yes / No**				
		RN		**Yes / No**				
		ETT		**Yes / No**				