



**IMAGETREND**  
EMS FIELD BRIDGE

## ePCR Issue Tracking Form

|  |  |
|--|--|
| <b>Date Submitted:</b>                               |  |
| <b>Requestor:</b>                                    |  |
| <b>Agency Service Administrator Contacted (Y/N):</b> |  |

|                         |  |
|-------------------------|--|
| <b>Incident Date:</b>   |  |
| <b>Incident Number:</b> |  |
| <b>Unit Number:</b>     |  |
| <b>ePCR Issue:</b>      |  |

SBC EMS Office Use:

|                       |  |
|-----------------------|--|
| <b>Date Received:</b> |  |
| <b>Received By:</b>   |  |
| <b>Action Taken:</b>  |  |

Updated: July 8, 2014

Send the completed form to [ems@sbcphd.org](mailto:ems@sbcphd.org) for processing.