



### EXCEPTIONAL PERFORMANCE REPORT

(To be completed when exceptional field, or clinical, performance is demonstrated by any EMS personnel.)

Directions: Download form, save, and fill out. When complete, please email form to: [remsa\\_clinical@rivco.org](mailto:remsa_clinical@rivco.org)

Report initiated by: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your agency: \_\_\_\_\_ Your title: \_\_\_\_\_ Your email: \_\_\_\_\_

Address: \_\_\_\_\_ Your phone # \_\_\_\_\_

Did you witness this event? Yes ☐ No ☐ If no, please provide a witness' name below:

Witness name: \_\_\_\_\_ Agency: \_\_\_\_\_ Contact info: \_\_\_\_\_

#### Exceptional Performer Information

Inc #: \_\_\_\_\_

Event date: \_\_\_\_\_ Event time: \_\_\_\_\_ Event location: \_\_\_\_\_

Their name: \_\_\_\_\_ Their title: \_\_\_\_\_ Their cert #: \_\_\_\_\_

Their agency: \_\_\_\_\_

*Statements of Fact - please attach an extra page if you are unable to fit all information in the text boxes below.*

#### Situation (include all pertinent facts)

#### Why should this performance be considered exceptional?

Email this form to: [remsa\\_clinical@rivco.org](mailto:remsa_clinical@rivco.org)

\_\_\_\_\_  
Your Signature