Public Safety Answering Point					Enter Your Agency ORI7 Code Here:		645	**Dropdowns Enabled for Rows 1-100**							
Monthly Emergency Medical Service Report					Enter Month (01-12):		12								
Items in BOLD are mandatory, other elements depend on agency & event					Enter Year (****):		2021								
PSAP ORI Code	Event ID Number	**Municipal Code Where Event is Located**	**Time Call Received**	MPDS Triage Card #	MPDS Call Priority	**NJ Triage Card**	**ID of First Ambulance Dispatched**	**Time First Ambulance Dispatch**	ID of Second Ambulance Dispatched	Time of Second Ambulance Dispatch	ID of Third Ambulance Dispatched	Time of Third Ambulance Dispatch	**Ambulance Responding Time**	**Ambulance Arrival Time**

Name of Paramedic PSDP Dispatch Center	Paramedic Response Agency	Time of First Paramedic Dispatch/Handoff	Paramedic Responding Time	Paramedic Arrival Time	**Disposition**	Hospital HEAR Code IF Transported	Secondary PSDP ORI Code IF Call Handed Off