



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

MEDICAL CONTROL

P-405A

COMMUNICATIONS FAILURE FORM

Date: 7/1/2024

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Report of Communications Failure

Incident Information	Agency Information
<u>Incident #:</u>	<u>Agency/Unit #:</u>
Communication Information	
<p>What was your approximate location when you first attempted to make contact¹?</p> <p>_____</p> <p>Was this an equipment issue or a technical issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was this a routine busy radio traffic issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

¹ Approximate geographical location (e.g., I-15 South at Deer Springs Road). This information will be used to record geographic areas with weak radio or cellular service.