



Sacramento County EMS Agency (SCEMSA) EMT Optional Scope Utilization Report Form

(Epinephrine by Auto-Injector or iGel)

Must be completed within 7 calendar days of utilization

EMT Optional Scope Service Provider Agency: _____

Month/Year: _____

Contact Person: _____

Phone Number: _____ Email: _____

Utilization Information

Date	Incident #	EMT Certification #	Successful (Y/N)	Complications/Notes and Transporting Agency	Optional Scope Utilized

Please return form and all required items to:
Sacramento County EMS Agency @ SCEMSAInfo@sacounty.net
9616 Micron Ave. Suite 960
Sacramento, CA. 95827
(916) 875-9753