

Lebanon County EMS Box Card

EMS Box Number _____	Municipalities Served By This Box:
-------------------------	------------------------------------

QRS Responses:

Location:

TYPE	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	
<u>BLS</u>																					
<u>ALS</u>																					
<u>QRS</u>																					

Notes:

Date Last Revised _____ Date Placed In Service _____ Revised By _____	<ul style="list-style-type: none"> <li style="background-color: #ffcccc; padding: 2px;">Berks County Units Must Be Preceded With The Letter "B" Example "B-587" <li style="background-color: #ccffcc; padding: 2px;">Dauphin County Units Must Be Preceded With The Letter "D" Example "D-7-2" <li style="background-color: #ffffcc; padding: 2px;">Lancaster County Units Must Be Preceded With The Letter "L" Example "L-26-1" <li style="background-color: #ccffcc; padding: 2px;">Schuylkill County Units Must Be Preceded With The Letter "S" Example "S-941"
--	--

ONLY CERTIFIED QRS UNITS CAN BE AUTOMATICALLY DISPATCHED ON MEDICAL CALLS.
QRS Units Will Not Be Automatically Dispatched To Health Care Facilities
QRS Dispatches Follow EMS Box Cards
Lift Assist / Medical Assist Requests Will Be Dispatched Using The Fire Dept. "MED ASSIST" Nature Code From The Corresponding FIRE BOX