



An Integrated Approach to the Delivery of Community Health Services

Incident Call Report Record

Call Reference #: _____

Date of Call: _____

Description of Incident/Problem: _____

Cornerstone Equipment Involved:

<i>Item Description</i>	<i>Property Tag #</i>	<i>Problem</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Incident/Problem Resolution:

Corrected during initial telephone call
Resolution: _____

Requires follow-up telephone call(s). Call back(s) scheduled for:

Date: _____ Time: _____

Date: _____ Time: _____

Requires clinic visit. Agency visit scheduled:

Date: _____ Time: _____

Support personnel name(s): _____

Resolution: _____
