



Westchester Regional EMS Council Monthly PCR Submission Report

Organization _____ Agency Code _____

Type of Organization _____
(Please circle one) BLSFR ALSFR BLS Ambulance ALS Ambulance

Name of Person Filing Report _____ Phone () - _____

IMPORTANT! DO NOT COUNT RESUBMITTED PCRs IN SECTION I TOTALS

Month and Year of Reports _____
ie. January 2002

Section I

Number of PCRs being submitted _____

Number of Continuation Forms being submitted _____

Total number of submitted reports _____

Section II

Total number of resubmitted PCRs _____

Original month of submission _____

WREMSCO USE ONLY:

Date Received _____ Received by: _____ Date entered _____