



<b>Appendix: A</b>	<b>PDN: 12002.01</b>	<b>Last Updated: November 17, 2014</b>	<b>Subject: MFR Agency Response Level Form</b>
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To: EHS MFR Services  
 239 Brownlow Avenue, Suite 300  
 Dartmouth, NS B3B 2B2  
 Fax: (902) 832-8602

From (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Clearly

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

MFR Agency Response Level:		
<input type="checkbox"/>	Level 1	Do <u>Not Notify</u> my department/agency for medical calls.
<input type="checkbox"/>	Level 2	Only notify my department/agency if requested by the responding paramedics.
<input type="checkbox"/>	Level 3	Notify my department/agency for "Time Critical" emergency calls only, as determined by EHS Communications Officer.
<input type="checkbox"/>	Level 4	Notify my department/agency for all emergency calls in our community.
<input type="checkbox"/>	Level 5	Notify my department/agency for cardiac arrests, motor vehicle collisions and lift assists only.
<input type="checkbox"/>	Level 6	Notify my department/agency if requested by the responding paramedics and for all cardiac arrests and motor vehicle collisions.

*(Please check the box on the left-hand side to indicate level of response.)*

Change in level is effective as of (date) \_\_\_\_\_

Authorized Signature of \_\_\_\_\_  
 Fire Chief or Non-Traditional Agency  
 MFR Coordinator

Date \_\_\_\_\_