



Appendix: A	PDN: 12002.01	Last Updated: March 20, 2007	Subject: MFR Agency Response Level Form
--------------------	----------------------	-------------------------------------	--

To: EHS Communications Centre
239 Brownlow Avenue, Suite 300
Dartmouth, NS B3B 2B2
Fax: (902) 835-7103

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.

(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 _____