



<b>Appendix:</b> A	<b>PDN:</b> 12002.01	<b>Last Updated:</b> March 20, 2007	<b>Subject:</b> MFR Agency Response Level Form
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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 \_\_\_\_\_