Washtenaw/Livingston MCA MFR / BLS Agency Activity Report

AGENC	Y	NAME:
YFAR.	2	013

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Number of Runs													0
Patient Refusals													0
No Patient Contact													0
	•		•	•			•	•				Total	0
Average Response Time*													0.00

*Response Times do not reflect response priority, nor do they reflect dispatch time variances.

Contact Person: Email address:

Each month the response time formula needs to be changed to correspond with the number of months used that year (example: =sum(b16:m16)/8 [August])

Version 03-13