

# Lewis County Radio Project Problem Report Form (Fire / EMS)

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Date of This Report: \_\_\_\_\_  
Reported By (Name/Title): \_\_\_\_\_  
Agency: \_\_\_\_\_  
Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Problem Occurred on Date: \_\_\_\_\_ Time: \_\_\_\_\_

Choose One:

- Mobile Radio     Portable Radio     Pager     Microwave     Tower Site  
 Speaker/Microphone     Other: \_\_\_\_\_

Equipment Involved in this Problem:

Model Number: \_\_\_\_\_ Serial Number (if available): \_\_\_\_\_  
County Asset Tag Number: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_

Provide Exact Location Where Problem Was Encountered:  Outdoors     Indoors

Detailed Description of Problem Encountered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weather Conditions at Time of Problem:

- Rain     Snow     Wind     Fog     Lightning  
 Other \_\_\_\_\_

Was This Problem Resolved Prior to Submitting This Report?     Yes     No

**SUBMIT THIS COMPLETED FORM TO:**

Robert A MacKenzie III AEMT-P  
Director of Fire and Emergency Management – Lewis County  
5252 Outer Stowe Street, Lowville, NY 13367  
Email: [robertmackenzie@lewiscounty.ny.gov](mailto:robertmackenzie@lewiscounty.ny.gov)    FAX: (315) 376-5293

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*This Section for County Use*

Problem Report Number: \_\_\_\_\_ Date Report Received by County: \_\_\_\_\_  
Date of Feedback to Initiator: \_\_\_\_\_ Date of Closeout: \_\_\_\_\_