

# Sanders Transport

## First Call Sheet

Date: \_\_\_\_\_ Time: \_\_\_\_\_ FH/Agency Calling: \_\_\_\_\_

Caller Name: \_\_\_\_\_ Caller Number: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_ MALE FEMALE

Location of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Est. Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Transporting Decedent To: \_\_\_\_\_

Destination Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Telephone #: \_\_\_\_\_

PCP: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Was the Medical Examiner Contacted? Yes No OME Case # \_\_\_\_\_

Is Deceased Contagious? Yes No Seal # \_\_\_\_\_

Special Conditions? HEAVY STAIRS GATED AREA NARROW HALLS VETERAN

Personal Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sanders Transport Staff: \_\_\_\_\_ Witness: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Arrival Time: \_\_\_\_\_ Final Destination Time: \_\_\_\_\_ Bag Type: H L None

Total Miles: \_\_\_\_\_ Bag Exchange? Y N