



Hospital Diversion Status Report

STREMS FORM 499

Facility: _____

Date: _____

Time: _____

Document

Prepared By: _____

Signature required

Print Name

The above named facility is hereby placed on diversion status or its existing diversion status is changed as follows:

Class/ Type of Patients:	Diversion Place x in Appropriate Box	
	Yes	No
Advanced Life Support Patients		
Basic Life Support Patients		
Specialty Care Patients (List Specific Type for Facility - Trauma, Burn, etc)		

FAX NUMBERS:

Chemung Co. 911 735-8632

Steuben Co. 911 664-2899

Schuyler Co. 911 535-8216

STREMS Council 732-2661