

**Colorado Department of Public Health and Environment
Health Facilities & Emergency Medical Services Division
Health & Safety Data Services**

**HFEMSD-A2
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**REQUEST FOR AGGREGATE HEALTH FACILITIES &
EMERGENCY MEDICAL SERVICES DATA**

Date: _____

Requestor Name: _____ Title: _____

Agency/Institution/Organization: _____

Address: _____

City, State, ZIP Code: _____

Email: _____ Phone: _____

If you are a student, provide Supervisor/Advisor Name: _____ Title: _____

Agency/Institution/Organization: _____

Address: _____

City, State, ZIP Code: _____

Email: _____ Phone: _____

Dataset: Emergency Medical Services (EMS) Health Acquired Infections (HAI) Trauma Registry (TR)

Please provide a brief summary (a few sentences) of the following items:

Information requested:

How will the data be used?

Desired completion date: _____

Data format:

- Printed/hard copy MS Access Excel
 SAS Other _____

Method of delivery:

- Mail (on CD/DVD)
 Email Fax
 Pickup (on CD/DVD, portable media)