



Department of Human Services  
EMS and Trauma Systems Program



**GROUND AMBULANCE SERVICE PERSONNEL INSPECTION FORM**

Ambulance Service Name:

\_\_\_\_\_

DHS Representative(s):

\_\_\_\_\_

Ambulance Service Representative(s):

\_\_\_\_\_

Type of Inspection:       Self Inspection       Announced       Unannounced  
 Re-inspection

Date of inspection \_\_\_\_/\_\_\_\_/\_\_\_\_ If re-inspection, date of previous \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of personnel:

\_\_\_\_\_

Level :  First Responder    Basic    Intermediate    Paramedic   Cert #

\_\_\_\_\_ If RN or PA license # \_\_\_\_\_

| Item  | Present | Absent | N/A | Expiration Date |
|---|---------|--------|-----|-----------------|
| <b>PERSONNEL RECORDS</b>  |         |        |     |                 |
| full name   |         |        |     |                 |
| home address  |         |        |     |                 |
| work status (FT, PT, V)   |         |        |     |                 |
| copy of first responder/EMT certification   |         |        |     |                 |
| copy of RN or PA license  |         |        |     |                 |
| copy of current drivers license   |         |        |     |                 |
| copy of driving record (last three years)   |         |        |     |                 |
| copy of current healthcare provider CPR certificate.  |         |        |     |                 |
| documentation of completed orientation to policies, training objectives, patient care protocols, regulations and statutes |         |        |     |                 |
| documentation that driver has completed approved drivers course.  |         |        |     |                 |
| signed statements from <b>non-EMT</b> indicating they are not addicted to alcohol, or controlled substances.              |         |        |     |                 |

|  |  |  |  |  |
|--|--|--|--|--|
| signed statements from non-EMT indicating they are free from physical or mental conditions that might impair their ability to operate an ambulance |  |  |  |  |
| verification that non-EMT drivers can properly lift and move patients  |  |  |  |  |
| documentation of test for TB or signed waiver  |  |  |  |  |
| documentation for immunizations Hep-B or signed waiver   |  |  |  |  |
| documentation of blood borne pathogen and infectious disease training  |  |  |  |  |
| documentation of hazardous materials awareness per OSHA requirements within last 12 months   |  |  |  |  |
| continuing education records for in house training   |  |  |  |  |
| area where records are kept locked and only accessible by administrative personnel   |  |  |  |  |
| reportable actions form check  |  |  |  |  |
| records retention of at least seven years  |  |  |  |  |
| <b>For RN's and PA's the following:</b>  |  |  |  |  |
| ACLS certification   |  |  |  |  |
| pediatric ALS certification  |  |  |  |  |
| TEAM or TNCC or PHTLS or BTLIS Certificate   |  |  |  |  |
| Notes:   |  |  |  |  |

