PENNSYLVANIA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES OFFICE

AMBULANCE LICENSE INSPECTION CHECKLIST FOR GROUND AMBULANCE SERVICES

| Name of Ambulance Service: | | | | |
|--|---|-------------------------|-----------|------|
| Affiliate #: Date of Inspection: | | | | |
| The following policy statements and other documentation were available and inspected as part of the ambulance license process: | | | | |
| Page No. | Policy Statements: S | ection of Rules and Reg | gulations | |
| 1005-13,14 a. Infection Control | | 1005.10 (1) | ? Yes | ? No |
| 1005-14 | b. Management of Personnel Safety | 1005.10 (1) | ? Yes | ? No |
| 1005-14 | c. Substance Abuse in the Workplace | 1005.10 (1) | ? Yes | ? No |
| 1005-14 | d. Placement and Operation of Ambulances | 1005.10 (1) | ? Yes | ? No |
| 1005-13 | e. Patient Management | 1005.10 (f) | ? Yes | ? No |
| 1005-13 | f. Use of Lights and Warning Devices | 1005.10 (g) | ? Yes | ? No |
| 1005-13 | g. Weapons and Explosives | 1005.10 (h) | ? Yes | ? No |
| 1001-18 | h. Completion of EMS Patient Care Reports | 1001.41 | ? Yes | ? No |
| 1005-8 | i. Satisfying Documentation Requirements | 1005.10(a) | ? Yes | ? No |
| 1005-9 | j. Satisfying Ambulance Standards | 1005.10 (b) | ? Yes | ? No |
| 1005-9 | k. Satisfying Equipment and Supply Requirements | 1005.10 (c) | ? Yes | ? No |
| 1005-10 | 1. Satisfying Personnel Requirements | 1005.10 (d) | ? Yes | ? No |
| 1005-12 | m. Communicating with PSAPs | 1005.10 (e) | ? Yes | ? No |
| 1005-13 | n. Accident, Injury and Fatality Reporting | 1005.10(i) | ? Yes | ? No |
| 1005-13 | o. Medical Command Notification | 1005.10(j) | ? Yes | ? No |
| 1005-13 | p. Monitoring Statutory and Regulatory Compliance | 1005.10(k) | ? Yes | ? No |
| 1001-19 | q. Dissemination and Protection of Patient Information | 1001.42 | ? Yes | ? No |
| 1001-20 | r. Participation in Statewide and Regional Quality Improvement Programs | 1001.61, 62 & 6. | 5? Yes | ? No |
| 1005-14 | s. Drug Use, Control and Security | 1005.11 (a) - (d) | ? Yes | ? No |
| Other Documentation: | | | | |
| 1005-8 | a. Form for Duty Roster or Staff Availability Schedule, | 1005.10 (a)(1) | ? Yes | ? No |
| 1005-9 | b. Duty Roster or Staff Availability Schedule, if applicab | ole 1005.10 (a)(1) | ? Yes | ? No |
| 1005-9 | c. Call Volume Records, if applicable | 1005.10 (a)(3) | ? Yes | ? No |
| 1005-9 | d. Record of Notification to PSAP of Ambulance, Unavailability if applicable | 1005.10 (a)(4) | ? Yes | ? No |
| 1005-9 | e Management Service Contracts, if applicable | 1005.10 (a)(6) | ? Yes | ? No |
| 1005-9 | f. EMS Patient Care Reports, if applicable | 1005.10 (a)(2) | ? Yes | ? No |