

COVER SHEET

Name on Record: RICHARD SWEETMAN Auditor/Reviewer Name: _____

Employee's ID #: 1648

Date of Audit/Review: _____

Employee's Role: EMT

COMPLETE:

☒ YES ☐ NO

Initial Here: RS

Record Type: _____

Supervisor for

Audit/Review: MICHAEL ALMAS

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please File

Comments: _____

DIGITIZED ON: (DATE AND TIME):

PRELIMINARY AUDIT COVER SHEET



Driver Trainee SWANMAN
NorCal Ambulance
AOC
Peer-to-Peer Evaluation

This must be completed by both the driver trainee and their 3 consecutive partners before the driver trainee is approved to be a NorCal vehicle operator. After completion, this must be submitted to the EVOC Supervisor for the driver trainee to be cleared to be a NorCal vehicle operator. You may not operate the vehicle with a patient until you are cleared to be a NorCal vehicle operator by the EVOC Supervisor.

Day 1
Station: Lodi Unit: 413 Shift: 20:00 - 4:00

Partner (sign): _____
Date: 10/12/13
Partner (print): Justin Mack
Was Driver Trainee Safe? (YES) (YES/NO) Amount of Calls Driven to: 2
Comments: Good driver. He followed all posted speed limits & used reasonable & prudent judgement during his driving

Day Two
Station: Lodi Unit: 115 Shift: 2200-0600

Partner (sign): NPR
Date: 10/14/13
Partner (print): Nicolas Penlon
Was Driver Trainee Safe? (YES) (YES/NO) Amount of Calls Driven to: 1
Comments: Good Driver. Had a good control of vehicle and understood its weight and braking speed.

Day Three
Station: Lodi Unit: 115 Shift: 20:00 - 4:00

Partner (sign): Justin Mack
Date: 10/14/13
Partner (print): Justin Mack
Was Driver Trainee Safe? (YES) (YES/NO) Amount of Calls Driven to: 1
Comments: Good job. He can drive without any problems

Partner (sign): _____

Supervisor Signature

Driver Trainee Signature



Ambulance Operation Course Signature / Acknowledgement Waiver

NAME (Please Print): RICHARD SWEETMAN

1. Complete Address: 1709 SNYDER AVE. MODESTO, CA 95356
2. Emergency Contact: JORDANA SWEETMAN (209) 355-3188
3. Are you 21 years of age or older?
YES
4. Have you completed the AOC Didactic?
☒ Yes ☐ No
5. Have you been briefed before starting the A.O.C?
☒ Yes ☐ No
6. Are there any medical conditions that can restrict you from operating a vehicle? If yes, please list.
☐ Yes ☒ No

I certify that the information I have supplied above is true and accurate to the best of my knowledge. I understand that I will be required to pass the Ambulance Operation Course (A.O.C) as part of the process of being certified as a "Driver" for NORCAL AMBULANCE. I also understand that if I do not pass the A.O.C, I will not be eligible to be a "Driver" at this time. I hereby certify that I am physically and mentally able to participate in this course. I hereby waive any and all liability of or by NORCAL AMBULANCE for any injury or aggravation of injury, illness, and/or death that could potentially or actually occur as a result of my participation in the A.O.C

Richard Sweetman

Candidate Signature

10 / 1 / 18

Date

Witness Signature

____ / ____ /

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AMBULANCE OPERATING COURSE GRADING SHEET

COURSE	PASS/FAIL	CONES HIT	COMMENTS
DIMINISHING CLEARANCE	Pass	0	Good job
STRAIGHT AWAY STOP	Pass	0	Good stop and acceleration
PROXIMITY TURNING	Pass	0	Great turns
SERPENTINE	Pass	0	Good job not getting too wide
BACK - IN	Pass	0	Nice getting out to look
PARALLEL PARKING	Pass	0	Awesome!
OTHER	Pass	0	Rock star ★

PROCTOR SIGNATURE:

W. E. H.

DRIVER SIGNATURE:

