Survey Date:	
Ambulance Service Name:	
Service Representative(s):	
OHA Representative:	

Name of Personnel:
Level: Qualified Driver___ EMR___ EMT___ AEMT___ EMT-I ___ Paramedic ___ ABC ___
Provider License #:

Personnel Records				OAR 333-250-0270, 0280, 0310, 03
	Yes	**No**	**N/A**	**Notes**
Name				
Home mailing address				
Affiliation status (FT, PT, Volunteer)				
Copy of EMS Provider license or RN/PA license				
Copy of current driver's license				
Documentation of completed initial orientation to include, but not limited to; ambulance service standing orders, policies and procedures, driving and operating requirements, and operations of equipment.				
Documentation of completed emergency ground ambulance operator's training				
Signed confidentiality statement for all personnel having access to PCR's				
Copy of current driving record (last three years) or proof of enrollment in the Automated Reporting Sytem				
Copy of current healthcare provider CPR card				
Documentation of completed bloodborne pathogen and infectious disease training (initial and annual refresher)				
Documentation of hazardous materials awareness training (initial and annual refresher)				
Documentation of training on the proper use of any new equipment, procedure or medication prior to being placed into operation on an ambulance.				
Health Records				OAR 333-250-0280 (5)
	Yes	**No**	**N/A**	**Notes**
Hepatitis-B immunizations or a signed statement of declination				
Initial tuberculosis (TB) screening and any subsequent screenings				

Ambulance Based Clinician Requirements (RN, Physician, PA) OAR 333-250-0270 (4) and (5) (In addition to Personnel Record and Health Record requirements)				
	Yes	**No**	**N/A**	**Notes**
Documentation of Advanced Cardiac Life Support (ACLS) course or equivalent				
Documentation of Pediatric Advanced Life Support (PALS) course or equivalent				
Documentation of one (or more) of the following: Prehospital Trauma Life Support (PTLS) course, Basic Trauma Life Support (BTLS) course, Trauma Emergency Assessment Management (TEAM) course, or Trauma Nurse Core Course (TNCC). (TEAM and TNCC must include rapid extrication training)				
Air Ambulance Personnel Requirements OAR 333-250-0280 **(In addition to Personnel Records and Health Record requirements)**				
	Yes	**No**	**N/A**	**Notes**
A current pilot's license if the employee or volunteer operates an air ambulance				
Interfacility Air Ambulance Personnel OAR 333-255-0081 **(In addition to Personnel Record and Health Record requirements)**				
	Yes	**No**	**N/A**	**Notes**
Documentation that at least one member of the medical crew has successfully completed-employer orientation. The orientation must include emergency care procedures, emergency egress procedures, aircraft safety, altitude physiology and survival procedures. There must be written documentation of an annual review of the orientation course material. The length and content of the review must be established by the EMS Medical Director and be kept on file with the ambulance service				
If providing care to infant or pediatric patients, documentation of completing one of the following courses or equivalent: Advanced Pediatric Life Support (APLS); Pediatric Advanced Life Support (PALS); or Neonatal Resuscitation Program (NRP)				
If providing care to adult patients, documentation of completing one of the following courses or equivalent: Advanced Cardiac Life Support (ACLS); or Prehospital Trauma Life Support (PHTLS)				