



Oregon Health Authority
EMS Program
Personnel File Survey



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, 0
	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 System (ARS)				
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				

Qualified Driver Requirements (Non-EMS Providers)				OAR 333-250-0270 (6)
(In addition to Personnel Record and Health Record requirements)				
	Yes	No	N/A	Notes
Signed statement from the Qualified Driver that includes the following: Not addicted to alcohol or controlled substances, is free from any physical or mental condition that might impair their ability to operate or staff an ambulance, and is physically capable of assisting in the extrication, lifting and moving of a patient at the direction of an EMS provider				
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)				