



Oregon Health Authority
EMS and Trauma Systems Program



AMBULANCE SERVICE PERSONNEL INSPECTION FORM

OHA Representative:

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 : EMR EMT AEMT Intermediate Paramedic Cert # _____
 If RN or PA license # _____

Item	Present	Absent	N/A	Expiration Date
PERSONNEL RECORDS 333-250-0043; 333-250-0048				
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.				
Immunizations:				
documentation of test for TB or signed waiver				
documentation for immunizations Hep-B or signed waiver				

Item	Present	Absent	N/A	Expiration Date
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				
For RN's and PA's the following:				
Copy of License (front and back)				
ACLS certification				
pediatric ALS certification				
TEAM or TNCC or PHTLS or BTLIS Certificate				
Non-EMT Personnel				
signed statements from non-EMT 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				
Notes:				