

Oklahoma State Department of Health
Emergency Medical Services Division
1000 N.E. 10th Street, Room 1104
Oklahoma City, OK 73117-1299

QUALITY CONTROL CHECKLIST FOR TECHNICIANS UNDER INDIVIDUAL PROTOCOLS

INSTRUCTIONS:

This form is to be completed on a monthly basis by the physician director and kept on file at the ambulance service for review by the Department.

Type or print only!

Medical Audits: The physician medical director shall insure that each of the technicians participate in a monthly audit presided by the physician regarding all advanced life support calls that were responded to during the preceding month. If time restrains prohibit a review of all calls, at least ten percent (10%) of the calls per approved technician should be reviewed. All applicable information discussed in this audit shall be recorded, and details shall be supplied on this form. This audit was conducted on ALS activities for the month of _____, 20_____

Physician: _____ State License #: _____

EMS Provider: _____ State License #: _____

Pleas list all personnel that are under your medical control, via Individual Protocols (I.P.).

Technician's Name	Level of Licensure	State License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Did your advanced level EMT's adhere to their state approved protocols on all responses involved in this audit? [] Yes [] No

2. If "NO", please describe your findings. Attach copies of all applicable documents, i.e. run reports, incident reports, etc.

COMMENTS: _____

3. Based on your findings and in your opinion was the action taken by the EMT's appropriate for the situation? [] Yes [] No

COMMENTS: _____

4. If the action was not appropriate, please describe any action taken to correct the situation.

COMMENTS: _____
