

Oklahoma State Department of Health  
Emergency Medical Services Division  
1000 N.E. 10<sup>th</sup> 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: \_\_\_\_\_  
\_\_\_\_\_