



Oklahoma State Department of Health
 Protective Health Services
 Emergency Systems/EMS Division
 1000 N.E. 10th Street
 Oklahoma City, OK 73117-1299
 Telephone: (405) 271-4027
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**STRETCHER AID VAN RECORDS
REVIEW FORM**

Date:

Time:

Agency Name:

Agency Representative:

OSDH Representative:

AGENCY INFORMATION

Base City:	Medical Director Information: Name:	Phone Number:	Email:
Provider License Number:	Agency Director Information: Name:	Phone Number:	Email:
Number of Stretcher Aid Vans: ___ "S" Permit	Purpose of Inspection: Initial <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/>		

ITEM APPROVED	Y	N	ITEM APPROVED	Y	N
License displayed in the business office Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Proof of a Medical Director Supervised QA/QI Process Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Run Log (run#, times, location of call, pt. name, vehicle origination, nature of call) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Copy of State Approved Medical Protocols Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Run Reports Accessible (Past 3 Years) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Vehicle and General Liability Insurance (\$1 Million) Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Operational Policy/Protocols Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Workers' Compensation Insurance Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Inspection Reports Completed Daily or After Every Run (whichever is least) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Approved Exposure Control Plan Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Maintenance Log(s) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Safety and Sanitation of Facility and Personnel Comments:	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Schedules (Past 3 Years) Comments:	<input type="checkbox"/>	<input type="checkbox"/>	Additional Comments:		
Personnel Folder for Each Employee					
Current State EMT Licenses / Medical Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Continuing Education - In-Service Training / All Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Current CPR Cards / All Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Regional Emergency Medical System Orientation / All Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
EVOC Certifications / Medical Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Current Drivers Licenses / Drivers	<input type="checkbox"/>	<input type="checkbox"/>			
Defensive Driver Training / Drivers	<input type="checkbox"/>	<input type="checkbox"/>			

* See O.A.C. 310:641 Rules for complete list of required records

Random SAV Agency Records Checklist

Medical Personnel

Name	Regional Emergency Medical System Orientation	EMT License Expiration Date	EVOC on File	CPR Expiration Date	ICS Training (Optional)		
					100	200	700
1.							
2.							
3.							
4.							

Drivers

Name	Regional Emergency Medical System Orientation	Oklahoma Driver's License Expiration	Defensive Driving 8 Hour Course	CPR Expiration Date 8 Hour Course	ICS Training (Optional)		
					100	200	700
1.							
2.							
3.							
4.							

CITATION OF LAW: THIS INSPECTION HAS BEEN CONDUCTED PURSUANT TO TITLE 63, SECTION 2501 AND THE EMS RULES PROMULGATED BY THE STATE BOARD OF HEALTH – OKLAHOMA ADMINISTRATIVE CODE 310:641

I have been given/offered a copy of this inspection report and understand the basis of this report. I also understand that OSDH/EMS recommends all of the above (if any) deficiencies be corrected immediately.

I will provide OSDH/EMS written notification of correction by: _____ / _____, 20_____

Signature of Agency Representative

Date

I have inspected the above named Stretcher Aid Van Provider files/records at the time and date shown above and have found each item as shown within this report.

Signature of OSDH Representative

Date

Additional Comments: