

**PENNSYLVANIA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services
Administrative Inspection Checklist**

Admin Headquarters:

Sub-Station:

I. GENERAL INFORMATION:

Name of EMS Agency:

Address:

City

State

Zip

Date Inspected:

Affiliate # :

Regional EMS Council: -BLANK-

	YES	NO	N/A
Was a deficiency notification issued for this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a copy of the deficiency notification attached to this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a reinspection required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 1. DOCUMENTS	PRESENT	DEFICIENT	CORRECTED
A roster of active personnel, including the EMS agency medical director, with certification and registration documentation including certification numbers and dates of registration expiration for each EMS provider and EMSVO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A record of the age of each EMS provider and EMSVO and a copy of the driver's license for each EMSVO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation, if applicable, of the initial and most recent review of each EMS provider's competence by the EMS agency medical director and the EMS provider certification level at which each EMS provider is permitted to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency's process for scheduling staff to ensure that the minimum staffing requirements 24/7/365 or as defined in an approved county level or broader response plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of persons who are responsible for making operating and policy decisions for the EMS agency, such as officers, directors and other EMS agency officials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal, disciplinary and exclusion information for all persons who staff the EMS agency as required under subsection 1027.3 (f).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of documents by which it agrees to manage another EMS agency or to be managed by another entity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS PCR's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond. 1027.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A record of the time periods for which the EMS agency notified the PSAP, 1027.3 under subsection (g)(1), that it would not be available to respond to a call.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License certificate displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS Agency Medical Director Agreement (Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2. POLICIES *			
EMS vehicles, equipment and supplies. 1027.3 (c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of persons under 18 years of age. 1027.3 (d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS Data Collection 1021.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination of information 1021.42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation 1021.64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible staff. 1027.3 (f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility to communicate unavailability. 1027.3 g (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility to communicate delayed response 1027.3 g (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility to communicate with PSAP .1027.3g(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to dispatch by PSAP. 1027.3 g (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient management. 1027.3 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of lights and other warning devices. 1027.3 (i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons and explosives 1027.3 (j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident, injury and fatality reporting 1027.3 (k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Committee Minutes 1027.3 (k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Minutes 1027.3 (k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS provider credentialing. 1027.3 (m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring compliance 1027.3 (o)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-hospital do-not-resuscitate orders 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of personnel safety 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The safe operation of EMS vehicles 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage and environmental control of medications 1027.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse in the workplace 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement and operation of its resources 1027.3 (p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Deficiency Form Completed
Digital Images Captured

Yes N/A
Yes N/A

Inspected By: _____
(Printed Name)

Signature: _____

Date Forwarded to BEMS: _____

*Policies are required to be available at a sub-station.