

**AIR AMBULANCE SERVICE AUDIT
YEAR _____**

Air Ambulance Service: _____ License# _____

Air Ambulance Service Address: _____
Street

_____ City State Zip

Name of Air Ambulance Service Director of Record: _____

VERIFIED IN AUDIT: Annual Requirements

Mandatory Random Drug Screening of Employees Date: _____

- Rule: 1200-12-01-.14 (9) (c) 3
Review of Policy and Verification of Testing

Comments: _____

Equipment Inventory Date: _____

- Rule 1200-12-01-.15 (3) (4)
Verification of Inventory Files, Every 72 Hours at a Minimum, on all Permitted Vehicles for a 90 Day
Period

Comments: _____

In-Service Date: _____

- Rule 1200-12-01-.14 (5)
Verification of 15 Contact Hours for 95% of EMS Personnel

Comments: _____

Pediatric Training Date: _____

- Rule 1200-12-01-.20 (2)
Verification of a Minimum 1.5 Hours of Pediatric Training Annually for all EMS Personnel

Comments: _____

When Using Continuing Education Hours for Personnel License Renewal:

In-Service Hours

- Rule 1200-12-01-.14 (7)
• Board Authorized Instructor Coordinator

- Records Maintained for 5 Years
- Vitae on Instructors
- Lesson Plans
- Course Evaluation by Students
- Evaluation of Students Performance
- Sign-in Sheet of Participants

VERIFIED IN AUDIT: Random Requirements

Air Ambulance Personnel Qualifications and Duties

Date: _____

- Rule 1200-12-01-.05 (a)
Random Review of Medical Qualifications

Comments: _____

- Rule 1200-12-01-.05 (5) (c) (1)
Random Review of Crew Member Records for Proof of Annual Physical

Comments: _____

- Rule 1200-12-01-.05 (5) (c) (2)
Random Review of Qualifications of Registered Nurse Serving as Medical Crew

Comments: _____

- Rule 1200-12-01-.05 (5) (c) (3)
Random Review of Qualifications of Paramedic Serving as Medical Crew

Comments: _____

- Rule 1200-12-01-.05 (5) (c) (4) (5)
Random Review of Required Certification of Medical Crew Members

Comments: _____

Air Medical Communication Specialist Qualifications

Date: _____

- Rule 1200-12-01-.05 (5) (f)
Random Review of Qualifications and Certification of Communication Specialist

Comments: _____

Flight Coordination

Date: _____

- Rule 1200-12-01-.05 (6) (a)
Review of Operations Manual, Policies and Procedures

Comments: _____

Telecommunications

Date: _____

- Rule 1200-12-01-.05 (7)
Review of Communication Available to Communicate with Medical Crew

Comments: _____

Records and Reports Date: _____
 Rule 1200-12-01-.05 (9) (a)
Random Review of Patient Records

Comments: _____

Utilization Review Date: _____
 Rule 1200-12-01-.05 (10)
Random Review of Utilization Review Process

Comments: _____

Quality Improvement Date: _____
 Rule 1200-12-01-.05 (11)
Random Review of Established Quality Improvement Program

Comments: _____

DEFICIENCIES:

List of Deficiencies: (Please include a narrative on all deficiencies cited)

Audit findings were presented to the Ambulance Service Director on _____
Date

Plan of correction due by: _____
Date

Plan of corrections received on: _____
Date

Acceptable

Deficient

Director or Agency Representative Signature

Regional Consultant Signature