



TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF EMERGENCY MEDICAL SERVICES
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243
TELEPHONE: (615) 741-2584

INITIAL REVIEW FOR INVALID SERVICE

Date: _____

Service Name: _____

Service Address: _____
Street

City

State

Zip

Telephone No.: () _____ Fax No.: () _____

Email Address: _____

Web Site: _____

Service Director: _____ Title: _____

Regional Consultant: _____ Region: _____

Agency Personnel Present: _____

TO BE VERIFIED IN REVIEW:

Personnel Compliance
Rule 1200-12-01-.15 (1) (a)

Mechanical Inspection Number of Units _____
Rule: 1200-12-01-.09 (5)

Vehicle Safety Inspections
Rule 1200-12-01-.02, (n) (1)

Include a completed safety mechanical inspection on each ambulance using form PH-2405. All permitted ambulances must document at least one mechanical inspection, per fiscal year, and/or every 30,000 miles after registering 200,000 miles. The original mechanical inspection form(s) shall be obtained from the service.

Insurance Certification
Rule 1200-12-01-.07 (To include Auto, General and Malpractice)

Classification
Rules 1200-12-01-.09 (2)
Classification of Service is Invalid

Deficiencies
List **all** Deficiencies Sited:

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

Plan of correction due by: _____
Date

Corrections received and completed: _____
Date

Acceptable

Deficient

ALL REQUIREMENTS FOR LICENSURE HAVE BEEN OUTLINED AND DISCUSSED WITH THE SERVICE DIRECTOR OR DESIGNEE BY THE REGIONAL CONSULTANT DURING THIS INITIAL REVIEW.

Agency Representative or Director Signature

Regional Consultant's Signature