

**INITIAL REVIEW
FOR INVALID SERVICE**

Date: _____

Service Name: _____ File# _____

Regional Consultant: _____ Region: _____

Agency Personnel Present: _____

TO BE VERIFIED IN REVIEW:

Invalid Service Address and Contact Information

Service Director and Contact Information

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.

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

Rule: 1200-12-01-.14 (3) (c) Upon issuance of a new service license, services are placed in a conditional license category until a new review is conducted which can be up to one (1) year from the date of issuance

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