



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

**INVALID SERVICE ANNUAL AUDIT
YEAR _____**

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 AUDIT:

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

Transport records completed
Rule 1200-12-01-.09 (6)

TO BE SUBMITTED WITH AUDIT:

Annual Survey **Number of Runs** _____
Rule: 1200-12-01-.11 (4)

Annual 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

Classification of Service is Invalid as cited in General Rules **1200-12-01-.09 (2)**

DEFICIENCIES

List **all** deficiencies sited.

Comments: _____

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

Agency Representative or Director Signature

Regional Consultant's Signature