MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

GROUND AMBULANCE SERVICE LICENSURE INSPECTION FORM

☐Initial Inspection ☐Relicensure Inspection ☐Audit ☐Complaint Investigation

NAME OF AMBULANCE SERVICE	LOCATION	DATE

(1) GENERAL REQUIREMENTS FOR GROUND AMBULANCE SERVICE LICENSURE (190.109/19 CSR 30 40.309)	MET	NOT MET	COMMENTS
1. Vehicles meet or exceed current Federal KKK-A-1822 specifications at time of manufacture Number of vehicles on site _____ Number of vehicles checked_____	○	○	
2. Adequate no of staff, equipment, and vehicles to meet the emergency call volume needs of the service area Total calls _____. # mutal aid given_____ # of mutual aid requests recieved._____	○	○	
3. Availability of service (24/7/365)	○	○	
4. Staffing patterns (personnel schedules) should be available for license period	○	○	
5. Insurance – Public liability coverage for ambulance services which transport patients in the patient compartment of a vehicle shall meet or exceed: a. $250,000 for bodily injury to, or death of, one person b. $500,000 for bodily injury to, or death of, all persons injured or killed in any one accident, subject to a minimum of $250,000 per person and c. $100,000 for loss or damage to property of others in one accident excluding cargo d. Shall provide proof for license period Years reviewed _____	○	○	
6. Current agreement between service and medical director **Date signed**_____	○	○	
(19 CSR 30-40.303) 7. Medical Director qualifications/credentials a. Missouri State license_____ **Expiration Date** _____ b. Board Certification Emergency Medicine or Primary Care Specialty **Expiration Date**_____ c. ACLS/PALS/ATLS **Expiration Date**_____ d. Co-medical director meet qualifications **Expiration Date**_____	○ ○ ○ ○ ○	○ ○ ○ ○ ○	
(**19 CSR 30-40.303)** 8. Medical Director and service administrator have implemented and annually reviewed: **Review Date**: _____ ☐Medical and treatment protocols for medical, trauma and pediatric patients ☐Triage and transport protocols ☐Protocols for DO-NOT-Resuscitate requests ☐Air ambulance utilization ☐Medications and medical equipment to be utilized	○	○	
9. Medical Control Plan – Transfer of care between agencies	○	○	
10. Communications capability Is the service able to communicate with the dispatch center, local hospitals, and trauma centers? Does the service have M-Tac/V-Tac with the local Missouri Highway Patrol	○ ○	○ ○	
11. List of ALS EMRAs in service area (optional) If so are Memorandum of understandings current_____	○	○	
(2) OPERATIONAL POLICIES AND PROCEDURES			
1. Safety program including infection control program Must include comprehensive safety component	○	○	
2. Vehicle operations and driving procedures What driving program is used _____	○	○	
3. Communications procedures	○	○	
4. Standards for clinical care (medical protocols) (standing order authorization) **Date Signed**_____	○	○	
5. Vehicle and equipment maintenance procedures	○	○	
6. Disaster/multiple casualty protocols	○	○	
7. Quality Improvement program (including problem identification and resolution) Medical director and service administrator have implemented and annually reviewed: Review Date:_____ ☐Prolonged ambulance scene response or transport time ☐Incomplete run documentation ☐Ambulances that are diverted from their original destination ☐Skills performance ☐Compliance with adult and pediatric triage and treatment protocols ☐Any other activities the administrator or medical director deem necessary Dates for annual review: _____ Must provide examples of how program has worked	○	○	
8. (**19 CSR 30-40.303)** Medical director and service administrator have ensured that all licensed personnel meet education and skill competencies required for their level of license and patient care environment **Date last accomplished**_____ List of staff licensee numbers and expiration dates ☐	○	○	

9. Nondiscrimination policy regarding treatment or transportation of emergency patients	○	○	
(3) RECORDS AND FORMS			
1. Ambulance run report meets required EMS data elements. What software is agency using	○	○	
2. Ground ambulance service license (excluding initial licensure)	○	○	
3. Medical Director protocol and policy authorization	○	○	
4. Vehicle maintenance records Should have records available for license period Years reviewed _____	○	○	
5. Records of driver competency in emergency vehicle operations	○	○	
6. Equipment maintenance records Should have records available for license period Years reviewed _____	○	○	
7. Controlled substance security and record keeping	○	○	
Documentation of ambulance response times Should have records available for license period Years reviewed _____	○	○	
8. Records required by other regulatory agencies	○	○	
9. Application on file			
(4) PATIENT CARE REVIEW			
Will have available for review: • 10 trauma • 10 medical (non-cardiac or stroke • 10 cardiac • 10stroke • 10 peds Areas to review: • Response times • Protocol compliance • Completeness of documentation	○	○	

REMARKS

SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE	DATE
SIGNATURE OF AGENCY REPRESENTATIVE	DATE