

Entity Name:	Effective Date:
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<u>FIRE DEPARTMENT / EMT / PARAMEDIC</u>	
Fire Department:	
# Paid:	# Volunteer:
EMT:	
# of full time EMT's:	# of part time or volunteer EMT's:
1. Is there a central alarm system or 911 service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are mutual aid agreements in place with neighboring communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all volunteers trained and certified according to minimum state requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are EMT's/Paramedics in contact with the hospital/doctors at all times when responding to a call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are response times monitored and problems investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are written records kept of all calls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you or any of your EMT's been sued for medical malpractice or have any claims been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	