

Pennsylvania Department of Health
Bureau of EMS
Administrative Inspection Checklist
and Deficiency Notification (if required)

Name of EMS Agency:					
Date Inspected:					
Regional EMS Council:					
Name of Inspector(s):					
Deficiency Key*					
NP = Not present					
O = Other (include a note if using other)					
Inspection Item	Additional Information/Clarification	VERIFIED	DEFICIENT*	CORRECTED	NOTES
Verify roster in application is accurate and correct	Roster in application should be compared to the roster provided during inspection §1027.3 (1)				
View a copy of the driver's license of each EMSVO	This can be completed in advance electronically or during the on-site inspection §1027.3 (a) (2)				
Verify EMS provider credentialing files at or above AEMT level are maintained for seven (7) years	Electronic or paper meets requirement §1027.3 (b) (m)				
Documentation of the initial and most recent review of each EMS provider's competency at or above AEMT level by the agency medical director and the EMS provider certification level which each EMS provider is permitted to practice. Competency verification must be within twelve (12) calendar months. This includes optional skills and/or medications permitted by the PA Protocols for all levels of providers.	Documentation can be in the form of a roster/certificate/letter/etc and can be maintained electronically or on paper. Verification should be made of most recent competency conducted to ensure they are being conducted within twelve (12) calendar months §1027.3 (a) (3)				
Agency's process for scheduling staff to ensure that the minimum staffing requirements 24/7/365 are met or as defined in an approved county level or broader level response plan	Verification can be in the form of schedules or the process for scheduling staff. Any scheduling method or mechanism is acceptable. §1027.3 (a) (4)				
Verify ePCR transmittals to the EMS data repository (not required for QRS only agencies)	Verify in EMS data repository that ePCRs are completed by agency's providers and are being transmitted §1027.3 (b) (2)				
Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.	Verification must be made of the preceeding twelve months prior to the inspection date §1027.3 (b) (3)				
A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.	Verification must be made of the preceeding twelve months prior to the inspection date §1027.3 (b) (4)				
EMS Agency Medical Director Verification Form (dated at or less than six (6) months prior to agency expiration date)					
Verify quarterly safety committee meetings	View meeting minutes/notes - only for existence not content				
Verify quarterly quality improvement committee meetings	View meeting minutes/notes - only for existence not content				
Policy Attestation is completed and/or verify policies	Signed form must be maintained with inspection records. Policies are verified for existence not for approval.				
Verify policies are accessible to applicable providers					
Administration			Yes	No	N/A
Was a deficiency notification issued for this agency?					
Is a reinspection required?					
Printed Name of Inspector:					
Inspector Signature:		Date:			
Printed Name of Agency Representative:					
Agency Representative Signature:		Date:			