



# Texas Department of State Health Services EMS Compliance

## EMS Provider Initial Survey Checklist & Questionnaire

(Revised 04/17/2015)

Firm Name:	Survey Date:
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The following is a site-survey checklist for Initial Licensure:

The following tool will be utilized to conduct the EMS provider initial survey. All items below are essential components that all EMS providers must maintain to remain in compliance, per TAC EMS Rule §157.11:

**Items in Red are questions that should be asked of EMS Provider Administration.**

**Items in Green are to be reviewed and validated. All answers by EMS Provider Administration to questions asked are to be reviewed and validated, if applicable.**

### Application Requirements & Organization

	<b>Completed Application (b)</b>
	<p><b>Are there any changes such as address and phone numbers, Administrator of Record, Medical Director, etc. since application was submitted?</b></p> <p>If so, a Provider License Notification/Changes Form is to be re-submitted to Specialist at this time with updated information along with any other pertinent forms such as Administrator of Record Declaration, Medical Director Declaration, etc.</p>

### Operational Procedures

	<b>Policies &amp; Procedures (m) (12), (21) and (32)</b>
	<p><b>Do you have Policies and Procedures?</b></p> <p><b>Who is responsible for the overall development and implementation of all policies and procedures?</b></p> <p><b>How will each employee be provided a copy upon employment and whenever policies and/or procedures are changed?</b></p> <p><b>Review and validate that policies and procedures at a minimum adequately addresses the following (A-H):</b></p>
	<p><b>(A) personal protective equipment</b></p> <p><b>Do the Provider's policies address when PPE should be worn?</b></p>
	<p><b>(B) immunizations available to staff</b></p> <p><b>Do the Provider's policies address staff's immunizations?</b></p> <p><b>Will immunizations be made available to staff?</b></p> <p><b>If so, which ones will be available?</b></p>

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	<p>If made available, is someone within your company/agency authorized/credentialed to administer to other employees? Or is this outsourced?</p>
	<p><b>(C) infection control procedures</b></p> <p>Do the Provider's policies address infection control procedures?</p> <p>What infection control procedures will your crewmembers have to do after each call? Each day?</p>
	<p><b>(D) communicable disease exposure</b></p> <p>Do the Provider's policies address communicable disease exposure?</p> <p>Describe in detail your communicable disease exposure procedure for a needle stick from the time of the incident, to employee reporting, treatment, tracking and any end result documentation and reporting.</p> <p>Do you have an Infection Control Officer?</p>
	<p><b>(E) emergency vehicle operations</b></p> <p>Do the Provider's policies address emergency vehicle operations?</p> <p>Will you offer or require an Emergency Vehicle Operation Course for all your crewmembers prior to/upon hiring?</p> <p>Will you provide any on-going training in regards to vehicle operations?</p> <p>Will you check for a valid driver's license upon hire of a crewmember?</p> <p>Will you do any random driver's license checks for continued validity after employment?</p> <p>Do you require an employee to report if their driver's license is expired, suspended or revoked and/or if they have driver's license restrictions?</p>
	<p><b>(F) credentialing of new response personnel before being assigned primary care responsibilities. The credentialing process shall include as a minimum:</b></p>
	<p><b>(i) a comprehensive orientation session of the services policies and procedures, treatment and transport protocols, safety precautions, and quality management process; and</b></p> <p>Do the Provider's policies address credentialing of new response personnel?</p> <p>How soon after hire does an employee get an orientation session?</p> <p>What gets covered within this orientation session? How is this documented?</p> <p>Is there any test (P&amp;P/Protocol/safety) needed before an employee can move on to the internship period?</p>
	<p><b>(ii) an internship period in which all new personnel practice under the supervision of, and are evaluated by, another more experienced person, if operationally feasible</b></p> <p>How long is your internship period for?</p> <p>Do new employees have certain amount of shifts they must practice and be evaluated on before being assigned as one of two crewmembers on an ambulance?</p> <p>Who does the evaluation?</p>

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	<p><b>How is the internship period/evaluation documented?</b></p> <p><b>What happens at the end of the internship period if evaluator feels employee is not ready?</b></p>
	<p><b>(G) appropriate documentation of patient care; and</b></p> <p><b>Do the Provider's policies address documentation of patient care?</b></p> <p><b>What is your policy for making changes to an existing patient care report?</b></p> <p><b>Who is authorized to change and/or make addendums to a patient care report?</b></p> <p><b>Will your patient care reports be on paper or electronic?</b></p> <p><b>If electronic, what back up system do you have in place for continued documentation of patient care records, if electronic equipment fails?</b></p> <p><b>Who QA's patient care reports and what is that process?</b></p>
	<p><b>(H) vehicle checks, equipment, and readiness inspections</b></p> <p><b>Do the Provider's policies address vehicle checks, equipment and readiness inspections?</b></p> <p><b>Describe the requirements of an incoming crew in regards to checking the ambulance, requesting missing/expired supplies and making themselves available to be dispatched?</b></p> <p><b>Do crews have a different check-off sheet as the Medical Director's approved/signed Equipment, Supply and Medication List? If so, how are they different and why?</b></p> <p><b>Review and validate a copy of the readiness inspections form EMS Provider will use.</b></p>
<b>Staffing Plan (f)</b>	
	<p><b>(1) The applicant shall submit a completed EMS Personnel Form listing each response person assigned to staff EMS vehicles by name, certification level, and department issued certification/license identification number.</b></p> <p><b>Review and validate that the EMS Provider has sufficient number of personnel and at the appropriate certification level to meet vehicle designation(s) for 24/7 response and response-ready units.</b></p>
<b>Quality Assurance Plan (m) (2) (A) – (G)</b>	
	<p><b>(2) Assuring the existence of and adhering to a quality assurance plan which shall, at a minimum, include:</b></p>
	<p><b>(A) the standard of patient care and the medical director's protocols-</b></p> <p><b>How will the patient care provided be evaluated against the medical director's protocol? By whom?</b></p> <p><b>How will the findings be documented?</b></p> <p><b>Do you have a remediation plan in place for findings of patient care that are found to not be in accordance with your medical director's protocols?</b></p> <p><b>How will feedback be given to your staff?</b></p> <p><b>How will your medical director be involved with the QA Plan and any remediation?</b></p>
	<p><b>(B) pharmaceutical storage</b></p>

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	<p><b>Will you do internal audits on medications/narcotics? If so, how often and by whom?</b></p> <p><b>Will anyone outside your agency validate your audit findings for accuracy?</b></p> <p><b>Are you aware of how to report any possible violations such as drug diversions to DSHS?</b></p> <p><b>Are you aware of how to report to any other agencies – local police? TX Department of Public Safety? Drug Enforcement Administration?</b></p> <p><b>How are all solutions and pharmaceuticals stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations?</b></p> <p><b>Review and validate that storage meets manufacturers and/or FDA recommendations.</b></p> <p><b>Review and validate medication/narcotic tracking system, if applicable.</b></p>
	<p><b>(C) readiness inspections</b></p> <p><b>How will readiness inspections be monitored and documented?</b></p> <p><b>Who will monitor readiness inspections?</b></p>
	<p><b>(D) preventive maintenance</b></p> <p><b>How will preventative maintenance be monitored and documented?</b></p> <p><b>Who will monitor preventative maintenance?</b></p> <p><b>Will a record be kept of preventative maintenance of ambulances?</b></p> <p><b>How will crewmembers report possible mechanical issues with ambulances and medical equipment?</b></p> <p><b>Who makes the determination that an ambulance or medical equipment is inoperable or unsafe to operate?</b></p>
	<p><b>(E) policies and procedures</b></p> <p><b>How is the implementation and enforcement of your policies and procedures monitored and documented?</b></p> <p><b>Who is monitoring the implementation and enforcement of your policies and procedures?</b></p> <p><b>How does your QA Plan affect the development and implementation of new policies and procedures or revision of existing ones?</b></p>
	<p><b>(F) complaint management</b></p> <p><b>How will complaints from customers, patients and employees be documented and tracked?</b></p> <p><b>How do customer, patient or employee complaints affect your system (policies &amp; procedures and/or protocols)?</b></p> <p><b>Who assures that the complaint gets looked at/investigated?</b></p> <p><b>Who “closes the loop” with the complainant once findings are made?</b></p>
	<p><b>(G) patient care reporting and documentation</b></p> <p><b>How will your agency verify that complete and accurate reports are done for each response and/or</b></p>

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	<p><b>patient and in a timely manner?</b></p> <p><b>Who will be in charge of making sure the PCR's get done?</b></p> <p><b>How will improper/incomplete documentation affect your disciplinary actions, training and/or CE for personnel?</b></p>
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**EMS Provider Responsibilities (m)**

	<p><b>(3) monitoring the quality of patient care provided by the service and personnel and taking appropriate and immediate corrective action to insure that quality of service is maintained in accordance with the existing standards of care</b></p> <p><b>How will patient care reports be reviewed and documented? How often, by whom?</b></p> <p><b>Do you have a remediation plan in place for findings of patient care that are found to not be in accordance with your medical director's protocols?</b></p> <p><b>Who will develop, implement, enforce and document the remediation plan?</b></p>
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	<p><b>(4) ensuring that all personnel are currently certified or licensed by the department</b></p> <p><b>Do you have a policy, procedure or system in place to ensure that all personnel are currently certified or licensed by the department?</b></p> <p><b>Who verifies that certifications are current and how is it done and documented?</b></p> <p><b>Will you have an on-going tracking of employee's certification expiration date?</b></p> <p><b>Will you re-check any employee that is going through or has gone through a DSHS investigation to make sure they remain certified?</b></p> <p><b>Review and validate that EMS Provider has a policy, procedure or system in place to ensure certifications.</b></p>
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	<p><b>(6) assuring the confidentiality of all patient information in compliance with all federal and state Laws</b></p> <p><b>Do you have a policy, procedure or system in place to assure the confidentiality of all patient information?</b></p> <p><b>How and where will all completed patient care reports be stored?</b></p> <p><b>How long will patient care reports be stored for? What happens after that?</b></p> <p><u><b>Paper PCRs:</b></u>  <b>How will completed patient care reports be secured in the ambulance if call volume dictates the ambulance remaining response-ready/in service through multiple calls?</b></p> <p><b>How and where will completed patient care reports be stored at a sub-station location, if applicable?</b></p> <p><b>How often will they get picked up from sub-station locations?</b></p> <p><u><b>Electronic PCRs:</b></u>  <b>How will electronic PCRs be stored?</b></p>
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	<p><b>Review and validate where completed patient care reports will be securely stored.</b></p>
	<p><b>(7) assuring that Informed Treatment/Transport Refusal forms are obtained from all patients refusing service, or documenting incidents when an Informed Treatment/Transport Refusal form cannot be obtained</b></p> <p><b>Do you have a policy, process or system in place on Informed Treatment/Transport Refusal calls and documentation of such?</b></p> <p><b>Review and validate that the Provider has a sample Treatment &amp; Transport Refusal Form.</b></p>
	<p><b>(8) assuring that patient care reports are completed accurately on all patients</b></p> <p><b>Do you have a policy, process or system in place to assure that all PCRs are completed accurately for all patients?</b></p> <p><b>Who and How will you assure that PCRs are completed timely and accurately on all patients?</b></p>
	<p><b>(9) assuring that patient care reports are provided to emergency facilities receiving the patients:</b></p> <p><b>Do you have a policy, process or system in place to assure that all PCRs are provided to receiving facilities?</b></p> <p><b>How will reports be provided to emergency facility – paper/electronic?</b></p> <p><b>Can the Provider document that patient care report was received by the receiving facility?</b></p>
	<p><b>(A) the report shall be accurate, complete and clearly written or computer generated</b></p> <p><b>How will incomplete and/or illegible reports be handled within your agency?</b></p> <p><b>How will addendums to reports be handled?</b></p>
	<p><b>(B) the report shall document, at a minimum, the patient’s name, condition upon arrival at scene; the prehospital care provided; the patient’s status during transport, including vital signs, symptoms, and responses during transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff</b></p> <p><b>Do your patient care reports capture the above required minimums?</b></p> <p><b>Do your reports require signature and/or identification of both crewmembers?</b></p>
	<p><b>(C) whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered; and/or</b></p>
	<p><b>(D) if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient</b></p> <p><b>For those reports that do not get left, what will the process be for assuring they make it to the receiving facility?</b></p> <p><b>If an abbreviated report is to be left due to response-pending, what minimums must be on that report?</b></p>
	<p><b>(10) assuring that all requested patient records are made promptly available to the medical director or department when requested</b></p> <p><b>Do you have a policy, procedure or system in place to assure that all PCRs are made available to the</b></p>

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	<p><b>medical director?</b></p> <p><b>How often will your medical director and/or his/her designee request/review patient care records?</b></p>
	<p><b>(11) assuring that all current protocols, current equipment, supply and medication lists, and the correct original Vehicle Authorization at the appropriate level are maintained on each response-ready and in-service vehicle</b></p> <p><b>Are these items part of the crew's daily readiness inspection of their ambulance?</b></p>
	<p><b>(13) assuring provisions for the appropriate disposal of medical and/or bio hazardous waste Materials</b></p> <p><b>Do you have a policy, procedure or system in place to assure the appropriate disposal of medical and/or bio hazardous waste?</b></p> <p><b>How will each crew dispose of medical waste after each call?</b></p> <p><b>Is there a secure area at each sub-station location for the storage/disposal that is inaccessible to the public?</b></p> <p><b>Do you have a vendor for the pick-up of such waste from each of your locations?</b></p> <p><b>Review and validate how and where medical and biohazard waste is stored/disposed of.</b></p>
	<p><b>(14) assuring ongoing compliance with the terms of first responder agreements</b></p> <p><b>Who will you have FRO agreements with?</b></p> <p><b>Do you share the same/similar Medical Direction/Protocols with your FRO's?</b></p> <p><b>What are the terms of your First Responder Agreements?</b></p> <p><b>Do your crewmembers know the terms of these agreements with FRO's?</b></p> <p><b>How often are these agreements/protocols reviewed for continued validity and effectiveness? Who reviews these? How are changes documented?</b></p>
	<p><b>(15) assuring that all documents, reports or information provided to the department are current, accurate and complete</b></p> <p><b>Are you familiar with Health and Safety Code 773.0612 Access to Records?</b></p> <p><b>Is everyone who deals with records requests within your company/agency/city management familiar with HSC 773.0612?</b></p> <p><b>How will your company/agency/city management handle a request for records by DSHS?</b></p>
	<p><b>(16) assuring compliance with all federal and state laws and regulations and all local ordinances, policies and codes at all times</b></p> <p><b>Are there any local ordinances, policies and codes affecting EMS in your declared service areas that you are aware of?</b></p>
	<p><b>(17) assuring that all response data required by the department is submitted in accordance with the department's requirements</b></p> <p><b>Do you have a policy, process or system in place to assure that all response data is submitted in accordance with the department's requirements?</b></p> <p><b>Are you aware of the requirement by HSC 773 and TAC Rule 157.11 to submit all response data required by the department?</b></p>

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	<p><b>What will be your process for entering data into the Trauma Registry?</b></p> <p><b>Will this be done internally or by an outside vendor?</b></p> <p><b>How will you assure that this gets done?</b></p>
	<p>(18) assuring that, whenever there is a change in the name of the provider or the service's operational assumed name, the printed name on the vehicles are changed accordingly within 30 days of the change</p>
	<p>(19) assuring that the department is notified in five business days whenever</p> <p><b>What will be your process for notifying DSHS of changes for any of the items listed below (A-H)?</b></p> <p><b>Review and validate the following for accuracy according to what DSHS shows:</b></p> <ul style="list-style-type: none"> <li>• # of vehicles/VIN #'s</li> <li>• level of service/authorizations</li> <li>• declared service areas/station location addresses</li> <li>• correct mailing information and pertinent phone #'s</li> <li>• physical location of patient report file storage</li> <li>• current administrator of record</li> </ul>
	<p><b>(A) a vehicle is substituted or replaced</b></p>
	<p><b>(B) there is a change in the level of service</b></p>
	<p><b>(C) there is a change in the declared service area</b></p>
	<p><b>(D) there is a change in the official business mailing address</b></p>
	<p><b>(E) there is a change in the physical location of the business</b></p>
	<p><b>(F) there is a change in the physical location of patient report file storage, to assure that the department has access to these records at all times; and</b></p>
	<p><b>(H) there is a change of the administrator</b></p>
	<p>(20) assuring that when a change of the medical director has occurred the department be notified within one business day</p> <p><b>Are you aware of the requirement to notify the department of a medical director change within one business day?</b></p> <p><b>Do you know how to notify the department if such a change was required?</b></p>
	<p>(21) develop, implement and enforce written operating policies and procedures required under this chapter and/or adopted by the licensee. Assure that each employee is provided a copy upon employment and whenever such policies and/or procedures are changed. A copy of the written operating policies and procedures shall be made available to the department on request. Policies at a minimum shall adequately address:</p> <p><b>How will you make sure that all employees receive a copy of your policies and procedures upon hire? After revisions are made?</b></p>
	<p>(22) assuring that manufacturers' operating instructions for all critical patient care electronics and/or technical equipment utilized by the provider are available for all response personnel</p> <p><b>Are these easily accessed by ALL crew members at any time, day or night, and at any additional sub-station locations?</b></p>

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	<p><b>Where are they kept?</b></p> <p><b>How often are these updated?</b></p> <p><b>Review and validate the availability and accessibility of manufacturer's operating instructions.</b></p>
	<p>(23) assuring that the department is notified within five business days of a collision involving an in-service or response ready EMS vehicle that results in vehicle damage whenever:</p> <p><b>Are you aware of how to make the department aware that an ambulance collision has occurred and the notification timelines associated with each type?</b></p>
	<p>(28) responding to requests for assistance from the highest elected official of a political subdivision or from the department during a declared emergency or mass casualty situation</p> <p><b>Do you have a current Memorandum of Agreement with your local Regional Advisory Council?</b></p> <p><b>Do you know who your local emergency management coordinator is?</b></p> <p><b>Review the EMS Provider's Emergency/Mass Casualty Plan.</b></p>
	<p>(29) assuring all EMS personnel receive continuing education training on the provider's anaphylaxis treatment protocols. The provider shall maintain training records to include date, time, and location of such training for all its EMS personnel</p> <p><b>How will all employees be trained on anaphylaxis protocols?</b></p> <p><b>Who will do the training?</b></p> <p><b>How will the training be documented?</b></p>
	<p>(30) immediately notify the department in writing when operations cease in any service area</p> <p><b>Are you aware of how to notify the department when you cease coverage in a declared service area?</b></p>
	<p>(31) assure that all patients transported by stretcher must be in a department authorized EMS vehicle; and-</p>
	<p>(32) develop or adopt and then implement policies, procedures and protocols necessary for its operations as an EMS provider, and enforce all such policies, procedures and protocols-</p> <p><b>How do you determine what policies need to be developed and implemented?</b></p>

## Medical Direction

	<b>Treatment and Transport Protocols (h)</b>
	(1) The applicant shall submit written delegated standing orders for patient treatment and transport (protocols) which have been approved and signed by the provider's medical director.
	(2) The protocols shall have an effective date which corresponds to the dates of the provider's EMS license.
	(3) The protocols shall address the use of non-EMS certified or licensed medical personnel who, in addition to the EMS staff, may provide patient care on behalf of the provider and/or in the provider's EMS vehicles.
	(4) The protocols shall address the use of all required, additional, and/or specialized medical equipment, supplies, and pharmaceuticals carried on each EMS vehicle in the provider's fleet.
	(5) The protocols shall identify delegated procedures for each EMS Certification or license level utilized by the provider.
	(6) The protocols shall indicate specific applications, including geographical area and duty status of personnel.

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	Includes DNR Protocol, as per TAC Rule 157.25, which includes the following:
	(a) Copy of the DSHS standardized DNR form,
	(b) An explanation of the patient identification process,
	(c) An on-site dispute resolution process which includes contacting an appropriate physician.
	<p><b>EMS Provider Questions:</b></p> <p>How can an EMS Crew contact on-line medical control?</p> <p>Do the Protocols define who on-line medical control is and how to make contact?</p> <p><b>Medical Director Questions:</b></p> <p>Are you aware of the requirements of a Medical Director as outlined in the Texas Medical Board, Chapter 197 Rules?</p> <p>Describe how you will be involved with the QA in regards to the standard of patient care and your Protocols. Remediation Plans?</p> <p>How do you plan on credentialing personnel and approving them to practice within your system?</p> <p>How will Protocol revisions be handled? By whom?</p> <p>How will revisions to the Equipment, Supply and Medication List be handled? By whom?</p> <p>Describe your on-line medical control. Will EMS crews be able to talk to you directly or to a delegate? If a delegate, with whom? How is the delegate credentialed to provide medical control?</p> <p>Is your on-line medical control process explained within your Protocols?</p> <p>Review and validate that Protocols address (h) (1) – (6) as noted above.</p>
	<b>Equipment, Supplies and Medication List (i)</b>
	<p>(1) The EMS provider shall submit a list, approved by the medical director and fully supportive of and consistent with the protocols, of all medical equipment, supplies, medical devices, parenteral solutions and pharmaceuticals to be carried. The list shall specify the quantities of each item to be carried and shall specify the sizes and types of each item necessary to provide appropriate care for all age ranges appropriate to the needs of their patients. The quantities listed shall be appropriate to the provider's call volume, transport times and restocking capabilities.</p> <p>What is the anticipated call-volume per day?</p> <p>Will the crew be able to restock after each call?</p>
	(2) All critical patient care equipment, medical devices, and supplies shall be clean and fully operational. All critical patient care battery powered equipment shall have spare batteries or an alternative power source, if applicable
	<p>(3) All solutions and pharmaceuticals shall be in date and shall be stored and maintained in accordance with the manufacturers and/or U.S. Federal Drug Administration (FDA) recommendations.</p> <p>Review and validate that storage meets manufacturers and/or FDA recommendations both at the station(s) and on the ambulance(s).</p> <p>Does this match the Pharmaceutical Storage in their QA Plan?</p>

<b>Equipment and Ambulances</b>	
	<b>(i)(2) All critical patient care equipment, medical devices, and supplies shall be clean &amp; operational.</b>
	<b>(i)(2) All critical patient care battery powered equipment shall have spare batteries or an alternative power source, if applicable.</b>
	<b>(d)(1) All EMS vehicles must be adequately constructed, equipped, maintained and operated to render patient care, comfort and transportation safely and efficiently.</b>
	<b>(d)(2) EMS vehicles must allow the proper and safe storage and use of all required equipment, supplies and medications and must allow all required procedures to be carried out in a safe and effective manner.</b>
	<b>(d)(3) Unless otherwise approved by the department, EMS vehicles must meet the minimum ambulance vehicle body type, dimension and safety criteria as specified by the department's latest approved guidelines.</b>
	<b>(d)(4) All vehicles shall have an environmental system capable of heating or cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when in service and which allows for protection of medication, according to manufacturer specifications, from extreme temperatures if it becomes environmentally necessary.</b>
	<b>(d)(5) EMS vehicles shall have operational two-way communication capable of contacting appropriate medical resources.</b>
	<b>(d)(6) EMS vehicles shall be in compliance with all applicable federal, state and local requirements.</b>
	<b>(d)(7) EMS vehicles shall have the name of the provider and a current department issued EMS provider license number prominently displayed on both sides of the vehicle in at least 2 inch lettering. The license number should have the letters TX prior to the license number.</b>

## SUMMARY

### Observations:

**Recommendations:** *Any aspects of the survey which were marked as Needs Improvement (NI) serves to provide you with information that will help you to set goals and evaluate the progress of your service.*

**Requirements:** *Findings identified as Not Met will need to be addressed in a Plan of Correction which you will be requested to submit to this office within thirty (30) days of receipt of this report for review and approval. Items identified as requirements must be corrected within the time specified in order to be in compliance with Texas Administrative Code 25, Chapter 157.11*

Survey Report Prepared by:

Signature:

Dated:

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