

**LOUISIANA DEPARTMENT OF HEALTH
BUREAU OF EMS
EMERGENCY MEDICAL SERVICES - LICENSING SURVEY REPORT**

ENTITY INFORMATION

Name:				LDH Region:			
Telephone:		License#:		State ID#:			
Geographical Address:			City		State		Zip Code
Mailing Address:		City	State	Zip Code	CDS # _____ Ex: ___/___/___		DEA # _____ Ex: ___/___/___
Director of Operations: _____							
Medical Director: _____							
Type of Service: <input type="checkbox"/> AIR / <input type="checkbox"/> GROUND Level of Care: <input type="checkbox"/> BLS / <input type="checkbox"/> A-EMT / <input type="checkbox"/> PARAMEDIC							

SURVEY INFORMATION

Type: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up <input type="checkbox"/> Other: _____ (Enter Complaint # _____)	
Survey Date ____/____/____ (exit date)	Deficiencies Written: <input type="checkbox"/> Yes <input type="checkbox"/> No Citations (reference section#): _____ _____ Significant Findings (reference section#): _____ _____

SURVEYOR/TEAM RECOMMENDATIONS

Provisional License
 License Revocation
 Full License

EMERGENCY MEDICAL SERVICES - Compliance with Title 48, Chapter 60

SECTION	CATEGORY	M E T	N O T M E T	N / A	SECTION	CATEGORY	M E T	N O T M E T	N / A
6031A	Insurance				6035c	Controlled Dangerous Substances			
6031B	Infection Control				6037	Medical Protocols & Approvals			
6031B	Lab Testing				6037F	Policy & Procedure Manual			
6031C	Communications				6039	Records			
6033A	Director of Operations				6041	Emergency Preparedness			
6033B	Medical Director				6053	Ground Vehicles			
6033C	Medical Personnel				6053B	Equipment and Supplies			
6033D	Nurses and pilots (air only)				6065	Aircraft including equipment and supplies			
6035	Medications				40:1300.51-56	Criminal history check law; No disqualified personnel			

Surveyor Signatures: _____ Date: _____

