

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

AGENCY INFORMATION

Name:			LDH Region:		
Telephone:		License #:		State ID #	
Geographical Address:		City:	State:	Zip Code:	
Mailing Address:		City:	State:	Zip Code:	
Director of Operations:					
Medical Director:					
Service Type: Air / Ground			Level of Care: BLS / ALS		

SURVEY INFORMATION

Survey Date: ____/____/____	Deficiencies Written: Yes No Citations:
-----------------------------	--

SURVEYOR TEAM RECOMMENDATIONS

Provisional License License Revocation Full License

COMPLIANCE WITH LAC TITLE 48, CHAPTER 60

Section	Category		Section	Category	
6009	Service Areas		6045	Medications	
6011	Governing Body		6047	Medical Protocols	
6035	Policies & Procedures		6051	Emergency Preparedness	
6039 6049	Records		6053	Quality Assurance	
6041	General Provider Responsibilities		6061 6063 6065	Ground Vehicles	
6043	Personnel		6071	Aircraft	

Surveyor Signature: _____ Date: _____