

Non-Emergency Transport Questionnaire

Date: _____

Named Insured: _____ DBA: _____

Is this a new venture? _____ Years in business? _____

Has your EMS License been suspended, under revocation or in an administrative sanction in the last 5 years?

YES NO

1. List the major metropolitan area(s) served?

A. _____ B. _____

2. The number of Ambulance calls in the past 12 months: Emergency _____ Non-Emergency _____

3. The number of Para-transit/wheelchair calls in the past 12 months _____

4. Does your service perform the following services?

| | | |
|------------------------------|--------------------------------|-------------------------------|
| Advanced Life Support | Conscious Sedation | Manual Defibrillation |
| Basic Life Support | Endotracheal Intubation | Mechanical Ventilation |
| IV Therapy/Monitoring | Pulse Oximetry | 12-Lead EKG Monitoring |
| Administer Anesthesia | OTHER | |

5. Number of full time and part time employees that drive or provide patient care.

| | | |
|-------------------|-------------------------|-----------------------|
| Paramedics | RN/Flight Nurses | EMT- A/ EMT- I |
| EMT- B | First Responders | Other |
| Volunteers | | |

***** Are shifts separated? For example: Emergency employees are assigned to emergency only duty and Non-Emergency employees are assigned to non-emergency duty only? *****

YES NO

What are the vehicle counts in your fleet?

| | | |
|-----------------------|-----------------------------|-----------------------|
| Ambulances | Paratransit Vehicles | Wheelchair van |
| Stretcher Vans | Passenger Vans | Air ambulances |

Patient Handling (select all the stretcher types your fleet has)

| | | |
|---------------------------|--------------------|-------------------------|
| X- Frame | Fold-Away | Power-Cot |
| Bariatric Cot | Stair Chair | Wheelchair lifts |
| Ramps with winches | Other | |

Is there use of knee, chest and over the shoulder safety restraints on the stretchers?

Do you have a mandatory lift assist policy in place? YES NO At what weight? _____

Do you transport prisoners YES NO mental patients YES NO

Does your company have a dispatch center?

- A. Do they dispatch emergency requests YES NO
- B. Do they dispatch non-emergency requests YES NO
- C. Do they schedule routine ambulance transfers YES NO
- D. Do they schedule routine wheelchair/Paratransit runs YES NO

Do you participate in any of the following?

| | | |
|-----------------------------|---------------------------------|------------------------------|
| Air Ambulance | Water Rescue | Aerial Rescue |
| Off Shore EMS | Tactical Medical Service | Confined Space Rescue |
| Car/Motocross Events | High School Sports EMS | Horse Racing EMS |
| Concert EMS | Professional Sports EMS | Night Club EMS |
| Rave Event EMS | | |

Vehicle Maintenance:

1. Is there a condition report completed on each transport vehicle & its equipment on each shift? YES NO
2. Who performs the maintenance on your fleet?
In-House (certified) mechanic Outside (certified) mechanic

Human Resources/Licensing:

1. Title of the person responsible for training and performing license confirmation:
_____.
2. What applies to your employee selection process:

| | | |
|--|-------------------------|--|
| Written application | Background check | MVR Check |
| Evidence of pertinent certification | Drug Screen | Previous ambulance experience check |

3. Does this person confirm that all license requirements are met yearly? CPR and State and Federal guidelines? YES NO

Signature of Owner/Director

Date