



Charlottesville-Albemarle Rescue Squad

QUALITY ASSURANCE FORM

(For Internal Use Only)

PPCR # _____

Date of the Incident: ____/____/____

Incident # _____

Attendant in Charge: _____
Release Level (Circle) B E I P

Date of QA: ____/ ____/ ____

Level of Care (Circle): N/A BLS ALS

Vital Signs

No. of sets of Vitals signs taken _____ Completely documented?: Yes or No
(BP, RR, HR, GCS, AVPU, Minimum 2 sets for transport times greater than 10 min)

Narrative and Procedures

Chief Complaint: _____

History of Present Illness: Yes or No
(SAMPLE/OPQRST elements included?)

Physical Exam: Yes or No

Procedures documented? Yes or No

Are procedures per protocol? Yes or No

Reassessments after tx?: Yes or No

Comments: _____

QA Officer: _____
Printed Name Signature Level Date

Operational Medical Director's Comments

Comments: _____

OMD's signature: _____