



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD
Clinical Review and Training

BLS Checkride Form

Candidate's Name: _____

Evaluator's Name: _____

CRAT Member or Crew Captain (circle one)

Candidate's Crew: _____ Evaluator's Crew: _____

Did the candidate successfully: (check all as applicable)

- Initiate truck checks at the beginning of the shift?
- Show familiarity with the truck and equipment?
- Recognize dispatch tones and respond to calls when required?
- Successfully navigate to calls?
- Communicate with ECC appropriately?
- Interact with patients, families, first responders, other team members?
- Thoroughly assess patient? Gather an organized history?
- Treat complaints appropriately when necessary?
- Delegate tasks when needed?
- Contact the receiving hospital and give a concise, but informative report?
- Communicate with the receiving nurse?
- Document care provided thoroughly and legibly?
- Demonstrate knowledge of TJEMS/CARS protocols?
- Generally demonstrate the ability to care for patients without supervision?

Evaluator comments:
(only if needed)

Evaluator signature:

Recommend
(All boxes checked)

Recommend with reservations
(Missing 1 or 2 checkboxes)

Do not recommend
(Missing 3+ checkboxes)