



**EMS ANNUAL SERVICE
 REPORT Fiscal Year 2022**
 Due Date
January 22, 2021

Submit to:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	
	<i>(EMS Service)</i>

Mailing Address:	<i>(Mailing Address)</i>			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	<i>(Name)</i>		<i>(Title)</i>	
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>
Administration:	<i>(County or Municipality)</i>			
	<i>(Mailing Address)</i>			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	<i>(Name)</i>		<i>(Title)</i>	
	<i>(Phone)</i>	<i>(Fax)</i>	<i>(Email)</i>	
EMS Region:	Region I	Region II	Region III	

Physical Location of Ambulance/Medical Rescue Facility(s)				
Location #1				
Name of Facility:				
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Location #2				
Name of Facility:				
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(use additional location sheets as needed)</i>			

Service Name:	
	<i>(EMS Service)</i>

SERVICE INFORMATION			
Type of Service <i>(Check Only One)</i>		Affiliation Type <i>(Check Primary Affiliation Only)</i>	
Certified PRC Ambulance PRC Certification #: _____	Certified Medical/Rescue Service (Non-transport)	Private for-profit with County or Municipal contract	Private non-profit with County or municipal contract
Certified Medical/Rescue Service (Transport capable) Medical Rescue Certification #: _____	Emergency Medical Dispatch Agency	Fire department based	Law enforcement or Department of Public Safety based
Special Event(s) Agency	Other (please specify): _____	Clinic based	Hospital based
Air Ambulance with County or Municipal contract		County based	Municipality based
		Tribal	Other (please specify): _____

Years in Operation: _____

EMS Calls		Local Receiving Hospital(s)	
Received By <i>(mark one)</i>	Dispatched by <i>(mark one)</i>		
Basic 911	Ambulance Service	Central Dispatch	
Enhanced 911	Fire Department	Dispatch Location:	
Local phone	Law Enforcement		

EMERGENCY MEDICAL SERVICES PERSONNEL							
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL							
License Level	Paid		Volunteer*	License Level	Paid		Volunteer*
	Indicate # full-time and part-time employees				Indicate # full-time and part-time employees		
	FTE	PTE			FTE	PTE	
EMS First Responder				EMD Instructor			
EMT Basic				Nurse			
EMT Intermediate				Physician			
Paramedic				Driver			
Emergency Medical Dispatcher				Other:			

*Volunteer may include those paid by the run or other non-salary arrangement

Service Name:	
	<i>(EMS Service)</i>

VEHICLE PREVENTATIVE MAINTENANCE PROGRAM

Do you have a vehicle preventative maintenance program in place? Yes No

If yes, please attach a copy of your program

Indicate the frequency of vehicle inspections: Daily Weekly Monthly Quarterly

Attach a copy of your annual safety inspection for all units if you are a PRC certificated service.

OPERATIONS PLAN

Please provide information on the operations plan for your service.

Do you have an operations plan? Yes No

Are operational and medical protocols included in the operations plan? Yes No

What was the effective date of your operations plan?

Please provide a map of the coverage area for your service

QUALITY ASSURANCE REVIEW

Do you have an internal quality assurance/improvement mechanism in place? Yes No

If yes, please attach a brief description.

Indicate the dates of this year's quality assurance review activities.

Reviews are conducted: Daily Weekly Monthly Quarterly Annually

DATES OF REVIEWS				
DATE	DATE	DATE	DATE	DATE

PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities to include education, training and equipment. NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

We have a designated PECC.

We do not have a designated PECC.

We do not currently have a PECC but have a plan to add this role in the next year.

We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:

6 months 1 year 2-3 years Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name:

Email:

Phone:

