

**Fauquier County Volunteer Fire and Rescue Association
EMS Committee**

Quality Assurance Form A

Year: 2018 __Jan-Mar __April-June __Jul-Sep __Oct-Dec

Department Name: _____

Total calls for this period: _____ Total calls reviewed for this period: _____

Are there any calls the provider or agency would like the committee to review?
Y/N

If yes, please list date/report # and briefly describe the reason for review:

Were any calls considered a “major event?” Y / N

If yes, please list date/report # below:

Totals:

ALS _____ Other (Canceled, no treatment required, etc.) _____

BLS _____

Date submitted: _____ Submitted by: _____

Contact email: _____ Contact phone: _____

Fauquier County Volunteer Fire and Rescue Association EMS Committee

Quality Assurance Form B

Year: 2018 __Jan-Mar __April-June __Jul-Sep __ Oct-Dec

Department Name: _____

Indicator #1: Lift Assist/Public Service

How many times did the EMS units run a lift assist or other type of public service call? _____

Indicator #2: Pregnancy Related Emergencies

How many times did your agency run calls where the chief complaint was related to pregnancy or childbirth this quarter? _____

Indicator #3: Public Education

Please list any public education programs that your department performs on a regular basis for the community, such as fire safety or bike helmet safety.

Unless otherwise specified, it is not necessary to submit copies of any reports that meet the indicators outlined on Form B.