



QUEEN ANNE'S COUNTY FIRE & EMS COMMISSION
 100 Communications Drive, Centreville, Maryland 21617

AMBULANCE OPERATOR PACKET

CERTIFICATIONS AND REQUIREMENTS	DATE	TRAINER SIGNATURE
MFRI EVOC or Equivalent		
CPR/AED		
Bloodborne Pathagens		
NIMS 100, 200, 700		
HAZMAT Operations		
MD Driver's License # _____ Age: _____		
Background Check		
Drug/Illegal Substance Test		
N95 Mask Fit Test		
Operator Skills Packet Completed		

OPERATOR: _____

STATION: _____

STATION OFFICER: _____

DATE COMPLETED/SUBMITTED: _____

APPROVING OFFICER SIGNATURE: _____

AMBULANCE OPERATOR SKILLS CHECKLIST

DRIVER SKILLS CHECK LIST

DATE

TRAINER SIGNATURE

Checks vehicle for operational safety		
Checks for proper level of fuel/motor oil/coolant		
Operates and checks DOT lighting		
Operates and checks emergency lighting		
Operates and checks brake system		
Safely operates vehicle on all roadways when driving		
Obeys all traffic laws, signs and signals		
Maintains control of vehicle		
Manages vehicle in traffic appropriately		
Chooses appropriate route to destination		
Reports maintenance issues to appropriate personnel		
Identifies causes for a unit to be placed out of service		
Drive vehicle to hospital #1/Identify Ambo Entrance		
Drive vehicle to hospital #2/Identify Ambo Entrance		
Drive vehicle for 1 hour+ in first due-Day		
Drive vehicle for 1 hour+ in first due-night		
Uses maps to locate address and running routes		
Drives thru serpentine course with no cones struck		
Drives through diminishing lane with no cones struck		
Backs into alley dock with no cones struck		
Backs into simulated driveway with no cones struck		
Makes turns without hitting curbs/ditches		
Safely avoids obstacles/pot holes		

TOTAL TIME FOR TRAINING MUST EQUAL -- 8+ HRS

AMBULANCE OPERATOR:EMS SKILLS CHECK LIST

DATE

TRAINER SIGNATURE

1. STRETCHER		
Basic operation/Battery replacement/Charging		
Decon		
Linens		
Lifting/Carrying/Loading		
Moving on uneven surfaces		
Powerload stretcher operation		

TOTAL TIME FOR TRAINING MUST EQUAL-- 2+ HRS

2. UNIT/SUPPLIES FAMILIARIZATION		
Identifies/Locates equipment properly		
Identifies/Locates EMS supplies properly		
Identifies appropriate equipment for call type		

TOTAL TIME FOR TRAINING MUST EQUAL-- 3+ HRS

DATE TRAINER SIGNATURE

3. STAIR CHAIR	DATE	TRAINER SIGNATURE
Basic operation		
Decon		
Lifting/Carrying		
Descending stairs using tracks		
Recognizes when necessary to use		

TOTAL TIME FOR TRAINING MUST EQUAL-- 1+ HR

4. SCOOP STRETCHER/BACKBOARD OPERATIONS	DATE	TRAINER SIGNATURE
Locates/Operates equipment properly		
Assists EMT with positioning properly		
Assists EMT with carrying patient		

TOTAL TIME FOR TRAINING MUST EQUAL-- 1+ HR

5. EMS RADIO OPERATIONS	DATE	TRAINER SIGNATURE
Identifies unit/proper TAC channel for call type		
Speaks clearly into MIC		
Knowledge of terminology		
Operates SME's Properly		
Knowledge of emergency button operation		
Knowledge of SIGNAL 13		
Knowledge of requesting a rendezvous for ALS		

TOTAL TIME FOR TRAINING MUST EQUAL-- 2+ HRS

6. REEVES SLEEVE/MEGA MOVER OPERATIONS	DATE	TRAINER SIGNATURE
Locates equipment efficiently		
Assists EMT with positioning patient and equipment		
Assists EMT with lifting/moving patient		

TOTAL TIME FOR TRAINING MUST EQUAL-- 1+ HR

7. BASIC AMBULANCE OPERATIONS	DATE	TRAINER SIGNATURE
Knowledge of BSI/Scene safety		
Knowledge of first due area/local hospitals		
Knowledge of response codes		
Knowledge of operation/decon-portable suction		
Knowledge of operation/decon-on board suction		
Knowledge of decon of patient area of unit		
Knowledge of bleeding control/assisting an EMT		
Knowledge of splinting supplies/location		
Knowledge of C-Spine stabilization supplies		
Knowledge of entering info on stat pad		
Knowledge of access/egress for stretcher/personnel		
Knowledge of access/egress for stair chair/personnel		

TOTAL TIME FOR TRAINING MUST EQUAL-- 4+ HRS