

Wintergreen Rescue Squad Annual Evaluation Checksheet

Name: _____

Date: ___/___/___

Level: Driver EMT EMT-EN EMT-I EMT-P

Initial Evaluation Remediation

**** Any unsatisfactory score in these categories will result in automatic unsatisfactory / needs remediation.**

Equipment – At Least 2 Satisfactory

	Satisfactory	Unsatisfactory
Random Item #1: _____	<input type="checkbox"/>	<input type="checkbox"/>
Random Item #2: _____	<input type="checkbox"/>	<input type="checkbox"/>
Random Item #3: _____	<input type="checkbox"/>	<input type="checkbox"/>
Random Item #4: _____	<input type="checkbox"/>	<input type="checkbox"/>

****Stretcher Operations**

	Satisfactory	Unsatisfactory
Unload stretcher from ambulance	<input type="checkbox"/>	<input type="checkbox"/>
Lower stretcher to position for patient loading	<input type="checkbox"/>	<input type="checkbox"/>
Break stretcher down to navigate narrow areas	<input type="checkbox"/>	<input type="checkbox"/>
Load stretcher in ambulance (loaded)	<input type="checkbox"/>	<input type="checkbox"/>

****Ambulance Operations**

	Satisfactory	Unsatisfactory
Console Familiarization	<input type="checkbox"/>	<input type="checkbox"/>
Map book	<input type="checkbox"/>	<input type="checkbox"/>
Radio Operations: Find Frequency _____	<input type="checkbox"/>	<input type="checkbox"/>
Turn Navigation	<input type="checkbox"/>	<input type="checkbox"/>
Braking	<input type="checkbox"/>	<input type="checkbox"/>
Backing	<input type="checkbox"/>	<input type="checkbox"/>
Overall Ride	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Satisfactory

Unsatisfactory / Needs Remediation

Evaluator's Signature

Member's Signature

Chief of EMS Operation's Signature