

NON EMERGENCY QUESTIONNAIRE (CONT.)

IS ANY TRANSPORTATION PROVIDED TO NON MEDICAL FACILITY DESTINATIONS? _____ IF YES, DESCRIBE AND PROVIDE % _____

DOES DRIVER ASSIST PATIENTS WHEN ENTERING/LEAVING VEHICLE? _____

ENTITIES SERVED:

NURSING HOMES _____% SUBSCRIBERS _____% HOSPITALS _____%

PHYSICIANS OFFICE _____% CLINICS _____% OTHER (DESCRIBE) _____%

TOTAL EMPLOYEES: PAID _____ VOLUNTEER _____

BREAKDOWN OF EMPLOYEES FULL PART TIME

| | | |
|------------------|-------|-------|
| EMT | _____ | _____ |
| PARAMEDICS | _____ | _____ |
| NURSES | _____ | _____ |
| CLERICAL | _____ | _____ |
| DRIVERS | _____ | _____ |
| OTHER (DESCRIBE) | _____ | _____ |

DO EMPLOYEES WORK MORE THAN ONE SHIFT PER DAY? _____ IF YES, PROVIDE DETAILS _____

NUMBER OF EMPLOYEES HIRED LAST 12 MONTHS _____

NUMBER OF EMPLOYEES TERMINATED LAST 12 MONTHS _____

(ATTACH COMPANY POLICY REGARDING EMPLOYEE DRIVING RECORDS – IF NO FORMAL POLICY IN PLACE DESCRIBE THE POLICY IN USE) _____

WHAT IS THE MINIMUM AGE REQUIREMENT FOR DRIVERS _____

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ARE PRE EMPLOYMENT PHYSICALS REQUIRED? Yes ___ No ___

NON EMERGENCY QUESTIONNAIRE (CONT.)

DOES THE APPLICANT HAVE A GOOD DRIVER INCENTIVE PROGRAM IN PLACE? Yes ___ No ___

DOES THE APPLICANT DRUG TEST? Yes ___ No ___

CURRENT WORKERS COMPENSATION CARRIER _____

DOES THE APPLICANT USE A STANDARD INCIDENT REPORTING FORM? Yes ___ No ___

DESCRIBE MAINTENANCE PROGRAM FOR VEHICLES _____

IS SERVICE PERFORMED BY EMPLOYEES OR SEPARATE ENTITY?

ARE WHEELCHAIR TIE DOWNS USED? Yes ___ No ___

ARE WHEELCHAIR PATIENTS PROPERLY SECURED TO THE WHEELCHAIR WITH A SECURITY BELT? Yes ___ No ___

ARE AMBULATORY PATIENTS REQUIRED TO WEAR SEAT BELTS? Yes ___ No ___

IS AN AUTO LIFT USED TO LOAD AND UNLOAD WHEELCHAIR PATIENTS? Yes ___ No ___

DOES DRIVER ASSIST PATIENTS ENTERING OR EXITING THE VEHICLE? Yes ___ No ___

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT NAME _____ TITLE _____

DATE _____