STATE OF FLORIDA DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES Personnel Records (Section 401.31, F.S.)

Service Name:	Inspection Date:	Total Number of Personnel:	Number of Files Reviewed:
Inspector Name:			

	Name of Personnel	Date of	Record of	EMT/Para.	CPR/ACLS	Driving Record	Valid	EVOC Training		Only		
	Em	Employment	Employment Training Yes/No	Cert. Type and Exp. Date	Cert. Type and Exp Date (Drivers Only)	Record Verified Yes/No Date	D.L. Yes/No Exp. Date	Yes/No Date	Alcohol Or Drug Yes/No	Phys. Or Mental Yes/No	18 YOA Yes/No	First Aid or Personal Safety Card Yes/No Exp. Date
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