

**Oswego Town Fire Department
Emergency Medical Services (E.M.S.)
Best Practices**

P-EMT Evaluation sheet

P-EMT Name _____

Date _____

S-EMT/officerName _____

Call Number _____

Was the P-EMT able to...	Yes	No	N/A	Comments
take charge of the scene?				
communicate with pt and/or family?				
confidently use equipment?				
find necessary equipment?				
make the pt feel comfortable with us being in their home?				
use appropriate PPE?				
determine scene safety?				
communicate appropriately with the ambulance crew?				
communicate appropriately with law (if applicable)?				
complete a pt refusal form either on paper or electronically including vitals (if applicable)?				

Please describe any clinical issues you may have observed on this call (if any) that need to be addressed with the P- EMT

Based on this observation do you feel the P-EMT is capable of running a call on his/her own? Why/Why not?
