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|  | Massachusetts Department of Public HealthOffice of Emergency Medical ServicesAmbulance Regulation Program**PLAN OF CORRECTION** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Service Number |  | License Expiration Date |  | Insp. |  | **RESPONSE DUE BY:** |
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| --- |
| Service Name |
|  |
|  |  |  |  |
| **VEHICLE INFORMATION (if Applicable)** |
|  |  | Is this vehicle a(n)\_\_\_Addition\_\_\_Replacement\_\_\_Renewal |
| License Plate Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ambulance Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Vehicle Unit Id\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Identification Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **Page** | **Citation** | **Providers Plan of Correction**(provide details of corrective action that satisfies reported deficiencies)(for page and citation number refer to inspection report form) | **Completion Date** |
|  |  |  |  |
| Licensee representative’s signature | Title | Date |
|  |  |  |
|  | ***Send P.O.C. to:*Dept of Public Health - O.E.M.S Ambulance Regulation Program** |
| Page \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_ | 67 Forest Street, Marlborough, MA 01752Tel. 617-753-7300, Fx: 617-753-7320 | OEMS Form 500-63 (8/09)) |

Note: Services using online form, keep one copy for your records and send one copy to OEMS