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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 | | | | | | | | | | | | | | | | | | | | | | |
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| **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 01752  Tel. 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