**RESPONSE DUE BY:**

License Expiration Date:

Inspection:

Service Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Name: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **VEHICLE INFORMATION (if Applicable)** | | | | | | |
|  | |  | | Is this vehicle a(n)\_\_\_Addition\_\_\_Replacement\_\_\_Renewal | | |
|  | | | | | | |
| License Plate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Ambulance Class (or EFR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Vehicle Unit ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Vehicle Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
| **Citation** | **Service’s Plan of Correction**  (provide details of corrective action that satisfies reported deficiencies)  (for citation number refer to inspection report form) | | | | | **Completion Date** |
|  |  | | | | |  |
| Licensee representative’s signature | | | | Title | | Date |
|  | | | |  | |  |
| ***Send P.O.C. to*Dept of Public Health - OEMS Ambulance Regulation Program By Email:** [**oems.ambulance@mass.gov**](mailto:oems.ambulance@mass.gov) **or to the assigned Inspector** Note: Services using online form, keep one copy for your records and send one copy to OEMS | | | | | | |