**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** **or to the assigned Inspector** Note: Services using online form, keep one copy for your records and send one copy to OEMS |