

Massachusetts Department of Public Health Office of Emergency Medical Services **Ambulance Regulation Program PLAN OF CORRECTION**



| Service Number: | | License Expiration Date: | Inspection: | RESPONSE DUE BY: | |
|--|--|--------------------------|--|------------------|--------------------|
| Service Name: | | | | | |
| VEHICLE INFORMATION (if Applicable) | | | | | |
| Is this vehicle a(n)AdditionReplacementRenewal | | | | | |
| License Plate N | Number: | Ambulance Class (or E | Ambulance Class (or EFR): Vehicle Unit ID: | | |
| Vehicle Identification Number: | | | | | |
| Citation | tation Service's Plan of Correction (provide details of corrective action that satisfies reported deficiencies) (for citation number refer to inspection report form) | | | | Completion Date |
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| Licensee representative's signature | | | Title | | Date |
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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