Wintergreen Fire and Rescue

P.O. Box 711 487 Monocan Drive
Nellysford, Virginia 22958
434.325.8536 – Office 434.361.2554 -- Fax

Quality Assurance Form

(For Internal Use Only)

Date of Incident: _____/_____/_____ PPCR #: _____

Attendant in Charge: _____

Date of QA: _____/_____/_____

Variance Type(s):
_____ Documentation
_____ Operating Guideline
_____ Protocol Adherence
_____ Treatment Clarification

_____ Addendum Required (If box checked)

Variance(s) Description: _____

_____

_____

_____

Attendant in Charge Reply: _____

_____

_____

_____

**** After completion please sign below and place in QA officer's box****

Attendant in Charge: _____ Date: _____/_____/_____

QA Officer: _____ Date: _____/_____/_____

Forward to Fire/Rescue Chief for Further Action / Evaluation: _____ Yes _____ No

Forward to Operating Medical Director for Further Action / Evaluation: _____ Yes _____ No