

# Nassau Regional EMS Council Annual Agency Directory Survey

## Agency Information

EMS Agency ID: \_\_\_\_\_ Battalion: \_\_\_\_\_ Battalion ID: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Agency E-mail: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amb. Agency Type:  PD, FD, VAC  Hospital  Commercial  1st Responder  ALS  BLS

Highest Level of Service:  EMT  EMT-CC  EMT-P

Radio - Alert/Page Freq: \_\_\_\_\_ Primary Freq: \_\_\_\_\_ Secondary Freq: \_\_\_\_\_

Dispatch Info:  Self-Dispatch Dispatch # \_\_\_\_\_  Fire Comm.

Other: who dispatches + contact #: \_\_\_\_\_

Number of Personnel at Each Level: CFR: \_\_\_\_\_ EMT: \_\_\_\_\_ EMT-CC: \_\_\_\_\_ EMT-P: \_\_\_\_\_

Annual EMS Call Volume : \_\_\_\_\_

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## Contact Information

Chief/CEO	Phone #	24 Hr. Contact
email		
Medical Director	Phone #	24 Hr. Contact
email		
EMS Liaison	Phone #	24 Hr. Contact
email		
Squad Trainer	Phone #	24 Hr. Contact
email		
Infection Control	Phone #	24 Hr. Contact
email		
QI Coordinator	Phone #	24 Hr. Contact
email		

## Vehicles

Ambulances: # of Type I: \_\_\_\_\_ # of Type II: \_\_\_\_\_ # of Type III: \_\_\_\_\_

First Response Vehicles: # of BLS: \_\_\_\_\_ # of ALS: \_\_\_\_\_

Specialized Vehicles:

Describe \_\_\_\_\_

MCI Vehicle/Trailer:

Describe \_\_\_\_\_

## Equipment

	Ambulance 1	Ambulance 2	Ambulance 3	Ambulance 4
AED (if manual defib that switches to AED write "dual")				
Manual defibrillator – 3 lead				
Manual defibrillator – 12 lead				
Capacity to transmit 12 lead to hospital				
Pulse-Oximeter				
Waveform Capnography				
CO-Oximeter				
Glucometer				

Other Supplies/Equipment (please list): \_\_\_\_\_

## Other Information

Agency has a Controlled Substance License:  Yes  No

Agency has a NYS Glucometer Lab License:  Yes  No

Agency has registered for EpiPen:  Yes  No

## EMS Personnel

Volunteer  Career  Combination

Paid Ambulance ?  ALS  BLS

Crew:  Paid Chauffeur  Paid Technician  Paid Crew

Hours:  24 Hours  Other: \_\_\_\_\_

Response Vehicle?  ALS  BLS

Crew:  Paid  Volunteer  Combination

Hours:  24 Hours  Other: \_\_\_\_\_