



EMS Response Toolkit Worksheet

This worksheet is designed to assist EMS Agencies in collecting the additional information required to generate the EMS Response Toolkit. Once the information on this worksheet has been collected please go to www.emspic.org and select CIS Login. After using your EMS ID and password to log in to CIS, click on the "Reports" menu then click on "Toolkits." Next click on "Response." You will then be prompted to enter this information during the Toolkit generation process.

EMS Agency Name:

Name of Person Generating the Toolkit:

Email Address:

Phone Number:

**1. What was your EMS Agency's Total Past Calendar Year
911 Call Volume**

(the number of 911 calls requesting EMS Services during
Past Calendar Year) _____

**2. What was your EMS Agency's Total Past Calendar Year
Dispatch Volume**

(the number of EMS Responses during **Past Calendar Year**) _____

**3. What was your EMS Agency's Total Past Calendar Year
Transport Volume**

(the number of EMS patients transported during **Past
Calendar Year**) _____

10. Does your EMS Agency have any unique geographic challenges which significantly impact a timely EMS Response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please select all of the geographic challenges which apply to your EMS Agency.	<input type="checkbox"/> Mountains <input type="checkbox"/> Water (ocean, lakes, etc.) <input type="checkbox"/> Inadequate Roadways <input type="checkbox"/> Other (please describe) <hr/>
11. Is there a hospital in your EMS Agency's County	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the distance (in miles) to the nearest hospital from the center of your EMS Agency's service area?	<hr/>
12. Is there a state designated trauma center in your EMS Agency's County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the distance (in miles) to the nearest hospital from the center of your EMS Agency's service area?	<hr/>
13. Do you have a routine Ambulance Maintenance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What is your EMS Staffing Configuration?	<input type="checkbox"/> 8 hour shifts <input type="checkbox"/> 12 hour shifts <input type="checkbox"/> 24 hour shifts <input type="checkbox"/> A combination of the above
15. Does your EMS Agency Quality Management (or Performance Improvement) Plan routinely monitor EMS Agency Response Times?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. How many Ambulances (and ALS QRVs) are routinely in service for each hour of the day within your EMS Agency, available to respond to non-scheduled (911) events?

Hour of the Day	Monday through Friday	Saturday and Sunday
0:00 to 1:00 AM		
1:00 to 2:00 AM		
2:00 to 3:00 AM		
3:00 to 4:00 AM		
4:00 to 5:00 AM		
5:00 to 6:00 AM		
6:00 to 7:00 AM		
7:00 to 8:00 AM		
8:00 to 9:00 AM		
9:00 to 10:00 AM		
10:00 to 11:00 AM		
11:00 to 12:00 AM		

Hour of the Day	Monday through Friday	Saturday and Sunday
12:00 to 1:00 PM		
1:00 to 2:00 PM		
2:00 to 3:00 PM		
3:00 to 4:00 PM		
4:00 to 5:00 PM		
5:00 to 6:00 PM		
6:00 to 7:00 PM		
7:00 to 8:00 PM		
8:00 to 9:00 PM		
9:00 to 10:00 PM		
10:00 to 11:00 PM		
11:00 to 12:00 PM		

The EMS Performance Improvement Center can provide you with a map of your EMS Agency with each EMS Vehicle's anticipated response area if you can provide the address and location of each EMS vehicle/station within your EMS System.

Station or Vehicle Name	Address	City	State	Zip Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Station or Vehicle Name	Address	City	State	Zip Code
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				