

MEMORANDUM

To: All Arkansas Licensed Ambulance Services

From: David Taylor, Section Chief
Section of EMS & Trauma Systems

Date: January 8, 2008

Ref: Survey of Required Equipment for Arkansas Registered Ambulances
(Ground & Air)

The Emergency Medical Services Advisory Council is requesting your input to determine future needs for required ambulance equipment to provide emergency prehospital care. Please review the enclosed inspection lists and return with suggested revisions by **Friday, February 1, 2008.**

On the attached lists, please complete the top of the form (Service I.D. and Date) to indicate your service's response. On the form, indicate which items you would like to remove or add items you believe should be **required** on every ambulance. **If you are recommending revisions, please attach a justification for the change.** Keep in mind; ALS Services need to include a letter of support/justification from the Medical Director for changes at that level.

Please mail to:
Section of EMS & Trauma Systems
Attention: David Taylor
5800 West 10th St. Suite 800
Little Rock, AR 72204-1763

If you do not respond, the understanding will be that there are no revisions recommended by your service. Please submit your response to the Section by **Friday, February 1, 2008.** Results of this survey will be presented at the next EMS Advisory Council on February 13, 2008. Thanks for your cooperation and assistance in this survey.