



STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
INSPECTION CORRECTIVE ACTION STATEMENT



This is to verify that the deficiencies of Section 401, Florida Statutes and Chapter 64J-1, Florida Administrative Code cited on _____ at _____ have been corrected.

(Date)

(Name of ambulance service)

The below details the action taken to correct all deficiencies within the time frames noted on reverse side. The completed corrective action statement and documentation of corrected deficiencies must be received by the Bureau of EMS within 14 days of the inspection.

Deficiencies

Corrective Action Taken

**Date Corrective
Action Completed**

Date: _____ Signature: _____ Title: _____

Please return to:
Bureau of Emergency Medical Services
Department of Health
4052 Bald Cypress Way, Bin C-18
Tallahassee, FL 32399-1738
Telephone: (850) 245-4440
Fax: (850) 488-2512

INSPECTION CORRECTIVE ACTION
STATEMENT MUST BE RECEIVED IN
OUR OFFICE NO LATER THAN



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Corrective Action Time Frames

(a) Corrective Action Time Frames - Based on the violation category definitions listed above, the following corrective action time

frames and administrative action guidelines shall apply:

Category 1 - life saving equipment, medical supplies, drugs, records, or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 24 hours to

replace or correct the deficiency noted in the inspection to avoid administrative action by the department;

Category 2 - Intermediate support equipment, medical supplies, drugs, records or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 5 working

days (Monday - Friday) of the inspection to replace or correct the deficiency noted to avoid administrative action by the department.

Category 3 - Minimal support equipment, medical supplies, records or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 10 working

days (Monday - Friday) of the inspection to avoid administrative action by the department.

(b) Inspection Corrective Action statement - Upon completion of an inspection in which deficiencies were noted, the EMS provider shall

be given an DH Form 1831, June 99 Inspection Corrective Action Statement, which is incorporated by reference and available from the

department. This form documents the corrective action that must be taken by the EMS provider to correct the inspection deficiencies

and the time frames within which the correction action must be taken. The completed DH Form 1831, documentation of the corrective

action taken, must be received by the department within 14 working days (Monday - Friday) of the inspection. Failure of the EMS

provider to submit the corrective action statement or correct identified deficiencies within the required time frames is grounds for

disciplinary action under Section 401, F.S.