



AMBULANCE EXPOSURE QUESTIONNAIRE

Account: _____

Date: _____

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Have you assigned specific safety duties to one employee?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you secure all hard equipment in your vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a policy on the moving of morbidly obese patients?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have an employee job specific training program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you participated in the fail-safe driver training program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you offer in-service training on all equipment used by employees?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a container for disposal of materials exposed to bloodbornes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a return-to-work program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you a sole (911) provider?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have wheel chair vans?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you operate any ATV's, bicycles or golf carts?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a contract with FEMA for calls outside your work area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any EMS sprint vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you offer basic or advanced life support service?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a shop for vehicle maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a vehicle inspection program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you use pneumatic stretchers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you provide and require use of PPE any time there is patient contact?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a PPE use training program?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you CAAS accredited?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have an on-site employee exercise facility?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Stonetrust Commercial Insurance Company will entertain coverage for ambulance operations that:

- Have no air, water or motorcycle exposure.
- Have over 50% of their calls for non-emergency purposes.
- Have written and implemented a drug-free workplace policy.
- Use only EMT certified employees in their patient compartments.
- Have an aggressive return-to-work program.
- Have employees who are EMS providers only, not also working as firemen or police.
- Have over 75% of their calls within local radius or 50 miles.
- Comply with applicable state's vehicle inspection regulations and use the recommended form.