

ONBOARD MONITORING SURVEY

01. Name of Medical Transportation Service _____
City and State _____
Policy/Reference Number _____

02. Name, title, phone number and e-mail address of contact person responsible for the Onboard Monitoring Program _____

03. Will the Onboard Monitoring equipment be placed on all vehicles? If not, please specify which vehicles will receive it. (Attach list if necessary) _____

04. Onboard Equipment (Attach Copies of Invoices)
 - a. Brand Name of Monitoring Equipment _____
 - b. List All Hardware purchased _____
 - c. List All Software purchased _____
 - d. Describe Vendor Training Commitment _____
 - e. Purchase Date _____
 - f. Installation Date _____
 - g. Training Date _____
 - h. Implementation Date _____

05. Onboard Monitoring Operations
 - a. Name and Title of all persons providing training _____

 - b. Name and Title of all persons analyzing data from the Onboard Monitoring System _____

 - c. Describe what data from the Onboard Monitoring System will be analyzed _____;
give the frequency of the analysis _____;
and, give the specific management team actions planned in response to the conclusions drawn from the data. _____
 - d. Describe how Policies and Procedures will be modified to accommodate changes in administrative practices resulting from the use of onboard monitoring. _____