

BLS AIC and Driver Evaluation Form

CITY OF VIRGINIA BEACH DEPARTMENT OF EMERGENCY MEDICAL SERVICES

INTERN Name (print):
 Crew Names (print):
 TIME IN:

DATE:
 Unit:

TIME OUT: TOTAL HOURS:

Patient Information		Type	Skill Performance												Role	Skill Performance Key and Comments					
Chief Complaint	Age	BLS / ALS / Refusal	Scene Setup	Medical Assessment	Trauma Assessment	Vitals	Airway Management	Oxygen Administration	CPR/AED	Spinal Immobilization	Bandaging	Splinting	Glucometry	Patient Handling	Radio/MDT	Verbal Communications	EMR Documentation	ALS Skill Assist	Team Member (Assist)	Team Leader (AIC)	
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					

Interns should note each skill observed only.
 The AIC should evaluate the intern's performance for each skill performed using the following key:
I - Performs Independently
G - Needs Guidance
R - Needs Remediation
O - Skill observed but not performed
 (if more comment space is needed, please attach a separate page)

Operational Scenarios/Procedures Discussed: