

BLS (AIC) Evaluation Form

CITY OF VIRGINIA BEACH DEPARTMENT OF EMERGENCY MEDICAL SERVICES

TRAINEE:	DATE:
FTO ON UNIT (print):	
TIME IN:	TIME OUT:
TOTAL HOURS:	

Patient Information			Skill Performance											Call Type		Call Role		Call Performance			Comments				
Call Number	Chief Complaint	Age	Scene Sizeup (M/NOI, safety, resources)	Medical Assessment	Trauma Assessment	Vitals	Airway Management (adjuncts/BVM)	Oxygen Administration (cannula/NRB)	CPR/AED	Spinal Immobilization	Bandaging	Splinting	Glucometry	Patient Handling/Stretcher Use	Communication (Radio/MDT)	Documentation	BLS	ALS	Team Member (Assists AIC)	Team Leader (AIC)	Performs Independently	Needs Guidance	Needs Remediation		
1																									
2																									
3																									
4																									
5																									
6																									
7																									

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8																									
9																									
10																									
11																									

FTO Assessment:	Trainee is making adequate progress YES NO	Trainee is ready for release as AIC YES NO
Comments:		

Trainee Assessment:	I feel I am progressing adequately YES NO	I feel ready for release as AIC YES NO
Comments:		

TRAINEE SIGNATURE:	DATE:
FTO SIGNATURE:	DATE: