

## Dispatch Center Inspection Checklist

<b>Agency Name:</b> _____		<b>Agency Contact:</b> _____
<b>Agency Address:</b> _____		<b>Contact #:</b> _____
<b>Inspection by:</b> _____		<b>Time:</b> _____
<b>Inspection Agency:</b> _____		<b>Date:</b> _____
<b>Policy and Authority</b>	<b>Circle One</b>	<b>Comments / Notes</b>
Written policies and procedures approved by the Medical Director	Y / N / NA	
There is an EMD program with an approved EMDPRS	Y / N / NA	
<b>General Dispatch Requirements</b>		
FCC License is current and posted	Y / N / NA	
State and Federal policies and regulation are followed	Y / N / NA	
Agency is a PSAP	Y / N / NA	
Agency / Call Center Meet Requirements of PSAP as defined in N.M. E-911 Act	Y / N / NA	
<b>Dispatch Agency / Center</b>		
Disp. Center Staffed and Operating - 24 hrs./day // 7 days/wk.	Y / N / NA	
Indicate Days / Hours of Operation: <b>M / T / W / Th / F / Sat / Sun</b>		Operational Hours: _____
Dispatching and Communications Routed to other Agency?	Y / N / NA	
Secondary Dispatch Agency: _____		Contact Person: _____
Agency Location: _____		Contact #: _____
<b>EMD Personnel</b>		
There is an agency Medical Director	Y / N / NA	
Medical Director Name: _____		Med. Dir. Contact #: _____
There is an EMD Licensed Lead Operator or EMD Supervisor	Y / N / NA	
Dispatchers meet the requirements of EMD	Y / N / NA	
There is a designated EMD Quality Assurance Coordinator	Y / N / NA	
There is a designated EMD Training Coordinator	Y / N / NA	
<b>Supplies, Equipment and Communications</b>		
Computer hardware and software are current and supported	Y / N / NA	
Telephone and radio systems are adequate and maintained	Y / N / NA	
Recording equipment captures all dispatch elements (phone & radio)	Y / N / NA	
Retention of recordings meets requirements	Y / N / NA	
Emergency electrical power is adequate and tested per schedule	Y / N / NA	
<b>Continuing Education and Training</b>		
There are individual training files maintained by the Training Coord.	Y / N / NA	
Training records are available for course completion and test results	Y / N / NA	
There is a Continuing Education program established	Y / N / NA	
<b>Quality Improvement</b>		
There is a Continuous Quality Improvement Program established	Y / N / NA	
Random or incident-specific calls are reviewed	Y / N / NA	
EMD performance is evaluated and feedback is provided	Y / N / NA	
<b>Documents for Dispatch Centers Performing EMD</b>		
Certificate of Insurance	Y / N / NA	
Business License, Corporate Documentation, Govt. entity	Y / N / NA	
Copy of MOU's	Y / N / NA	
Service Area maps with GPS coordinates	Y / N / NA	
Medical Director Contract/ Professional Agreement	Y / N / NA	
Operation Plans and SOP's	Y / N / NA	
Employee Roster	Y / N / NA	
Criminal Background checks	Y / N / NA	
Dispatch recording/ 180 days minimum/seven years written retention	Y / N / NA	