



S-SV EMS Agency MICN Ambulance Ride-Along Log



Must be completed with an S-SV EMS Agency approved ALS service provider

NAME:	DATE:
START TIME:	END TIME:
PROVIDER:	CREW:

ORIENTED TO:

Communication methods

Equipment carried on unit (both ALS and BLS)

MICN's role and responsibility while on the unit

SAFETY – typical scene hazards to be aware of

BLS skills observed:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

ALS skills observed:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

List type of calls observed and any comments about the call:

What did you like best about this experience?

What did you like least about this experience?

MICN signature: _____ Crew Member's signature: _____