



S-SV EMS Agency MICN Field Ride-Along Log



Base Hospital:	Date:
MICN Name:	MICN Signature:
ALS Provider Name:	Paramedic Signature:
Start Time:	End Time:

Oriented To:

- Communication methods
- Equipment carried on unit (both BLS and ALS)
- MICN's role
- Safety – typical scene hazards to be aware of

BLS & ALS skills observed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

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

What did you like best about this experience?

What did you like least about this experience?