

STATE OF FLORIDA  
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES  
INSPECTION CORRECTIVE ACTION STATEMENT

This is to verify that the deficiencies of Section 401, Florida Statutes and Chapter 64J-1, Florida Administrative Code cited on \_\_\_\_\_ at \_\_\_\_\_ have been corrected.

(Date)

(Name of ambulance service)

The below details the action taken to correct all deficiencies within the time frames noted on reverse side. The completed corrective action statement and documentation of corrected deficiencies must be received by the Bureau of Emergency Medical Oversight/EMS within 14 days of the inspection.

**Deficiencies**

**Corrective Action Taken**

**Date Corrective  
Action Completed**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please return to:  
Department of Health  
Bureau of Emergency Medical Oversight/EMS  
4052 Bald Cypress Way, Bin A-22  
Tallahassee, FL 32399-1738  
Telephone: (850) 245-4440  
Fax: (850) 245-4378

INSPECTION CORRECTIVE ACTION  
STATEMENT MUST BE RECEIVED IN  
OUR OFFICE NO LATER THAN

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**Florida Administrative Code, Chapter 64J-1.018**

**(3) Corrective Action:**

**(a)** Corrective Action Time Frames - Based on the violation category definitions listed above, the following corrective action time frames and administrative action guidelines shall apply:

**Category 1** - life saving equipment, medical supplies, drugs, records, or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 24 hours to replace or correct the deficiency noted in the inspection to avoid administrative action by the department;

**Category 2** - Intermediate support equipment, medical supplies, drugs, records or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 5 working days (Monday - Friday) of the inspection to replace or correct the deficiency noted to avoid administrative action by the department.

**Category 3** - Minimal support equipment, medical supplies, records or procedures.

Any item in this category found deficient constitutes noncompliance and shall require action by the service provider within 10 working days (Monday - Friday) of the inspection to avoid administrative action by the department.

**(b)** Inspection Corrective Action statement - Upon completion of an inspection in which deficiencies were noted, the EMS provider shall be given an DH Form 1831, December 2008 Inspection Corrective Action Statement, which is incorporated by reference and available from the department. This form documents the corrective action that must be taken by the EMS provider to correct the inspection deficiencies and the time frames within which the correction action must be taken. The completed DH Form 1831, documentation of the corrective action taken, must be received by the department within 14 working days (Monday - Friday) of the inspection. Failure of the EMS provider to submit the corrective action statement or correct identified deficiencies within the required time frames is grounds for disciplinary action under Section 401, F.S.