Partner certificate check

Form | AMT-FRM-002

Document type	Form
Title	Partner certificate check
Document ID	{{facility.code}}-AMT-FRM-002
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	System S5 (Ambulance and patient transport), criterion S5.2
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the check of each partner's certificates before first use and at each renewal.

1. How to complete

- Check the original certificate, not a copy sent by email alone.
- Record the expiry date.
- Sign before the first use.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Agreement signed	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Aircraft or vehicle certificate valid	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Crew certificate valid	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Escort certificate valid	Yes	[ ]	[ ]	[ ]	Action and who to tell
5	Responsibilities at handover agreed	Yes	[ ]	[ ]	[ ]	Action and who to tell
6	Checked by and date	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval