

Springdale Fire Department

EMS Field Evaluation Form

EMT/Paramedic: _____ Date: _____

Incident Type: _____

Evaluator should place a checkmark in the appropriate box for each area evaluated. Check “not applicable” for those criteria not needing to be performed or not evaluated.

Evaluation Criteria	Excels at Skill Performance	Satisfactory Skill Performance	Deficient Skill Performance	Not Applicable
Assess Scene Safety				
Appropriate Triage				
Delegates/Directs Team				
Overall Patient Assessment				
Primary Assessment				
Secondary Assessment				
History Of Present Illness				
Past Medical History				
AMPLE History				
Interpretation of Vital Signs				
Determines Stable vs. Unstable				
Appropriate Diagnosis				
Accurate ECG Interpretation				
Appropriate Transport Mode				
Appropriate Interventions				
IV Administration				
Medication Selection/Admin.				
Pace of Assessment/Treatment				
Radio Report				
Professional Demeanor				
Communication with Patient				
Communication with Team				

Comments: _____

Evaluator's Name: _____