

	3502	Peer Review Audit Form
Nor-Cal EMS Policy & Procedure Manual		Continuous Quality Improvement
Effective Date: 4/1/2021		Next Revision: 4/1/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Date of Contact/Incident:	PCR #
Date of Review:	Reviewer(Agency CQI Rep):

Call Type: Medical_____ Trauma_____ SKILL_____ Code 3_____

Reason for Review:

Recommended Action/Actions Taken:

Agency CQI Representative Signature: