



3502

Peer Review Audit Form

Nor-Cal EMS Policy & Procedure Manual

Continuous Quality Improvement

Effective Date: 01/01/2025

Next Revision: 01/01/2028

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: