

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DOWNGRADE OF AN ALS UNIT FROM
TEMPORARILY UPGRADED ASSESSMENT UNIT**

(PARAMEDIC, MICN)
REFERENCE NO. 416.2

Use this form within 30 days of using the Temporary Upgrade of an Assessment Unit to an ALS Unit form.

Department:	*
Unit Number:	*
Unit Address:	*
Date of Upgrade:	*
Time of Upgrade:	*

Authorized By:

Name:	*
Title:	*
Phone Number:	
Email:	

CHECK:

- * A unit inventory inspection in accordance with the most current Reference No. 704, Assessment Unit Inventory, was performed.
- * All supplies/equipment authorized for ALS Units under Reference No. 703 have been removed.
- * All controlled substances and controlled substance logs have been removed from unit.

I attest that the above statements are correct and this unit only contains the equipment/supplies listed in Reference No. 704 and is in good working order:

*Signature

Title (Captain or Chief level)

Date

Prehospital Care Manual:

Reference No. 702, Controlled Drugs Carried on ALS Units
Reference No. 703, ALS Unit Inventory
Reference No. 704, Assessment Unit Inventory

Originally signed forms (or digitally signed forms) are to be maintained within station files.