

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DOWNGRADE OF AN ALS UNIT FROM** (PARAMEDIC, MICN)
TEMPORARILY UPGRADED ASSESSMENT UNIT 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:
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 703, **ALS Unit Inventory**
Ref. No. 704, **Assessment Unit Inventory**

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