

**Big Country
Regional Trauma Advisory Council
Pre-Hospital Needs Assessment Survey
Fiscal Year 2011**

**Big Country
Regional Trauma Advisory Council
Pre-Hospital Needs Assessment Survey
Fiscal Year 2012**

Instructions: In order to plan for grant requests and identify regional priorities for Fiscal 2012, current information is needed from each RAC member organization. Please complete the following questions and mail the information to the RAC office at 4404 S Clack Ste B, Abilene, TX 79606 or fax to 877-412-3701.

ALL FORMS MUST BE RECEIVED NO LATER THAN September 1, 2011 COMPLETION OF THE ANNUAL NEEDS ASSESSMENT SURVEY IS A REQUIREMENT FOR MAINTAINING YOUR RAC ELIGIBILITY!

Please type or print your responses. Emergency numbers are confidential and will be used only in a declared state or local emergency.

Name of Organization: _____

Physical Address: _____

Mailing Address: _____

EMS Administrator: _____

Phone: _____ FAX: _____

Email: _____ Radio Freq: _____

EMS Administrator's Emergency Contact Number (24/7) _____

Assistant EMS Administrator: _____

Phone: _____ FAX: _____

Email: _____ Radio: 800 ___ County _____ UHF ___ VHF ___

Assistant EMS Administrator's Emergency Contact Number (24/7): _____

(Please list the contact information for your Medical Director. *DO NOT* list the address and phone numbers for your organization as contact info for your Medical Director.)

Medical Director: _____

Mail Address: _____

Phone: _____ FAX: _____

Email: _____ Radio Freq: _____

Medical Directors Emergency Contact Number (24/7): _____

RAC Representative: _____

Phone: _____ FAX: _____

Email: _____

RAC Representative's Emergency Contact Number (24/7): _____

RAC Alternate Representative: _____

Phone: _____ FAX: _____

Email: _____

RAC Alternate Representative's Emergency Contact Number (24/7): _____

Tax status of Organization: _____

Counties where your organization regularly provides
service: _____

Counties with which you have a contractual agreement? _____

Population of your service area: _____

Square Miles of your service area: _____

EMS Services				
Service Type	# Ambulances	Staffed 24/7 Yes or No	Crew on Call Yes or No	Runs per month
First Responder				
Basic Life Support				
BLS with ALS capability				
BLS with MICU capability				
ALS				

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ALS with MICU capability				
MICU				

RAC-D can offer assistance to its members through RAC wide projects. It can also offer advice and assistance in carrying out injury prevention activities. With that in mind please list your needs below:

Equipment Needs				
Equipment	#1 Priority	#2 Priority	#3 Priority	Do you have a plan to obtain this equipment?

Educational Needs				
Course Needed	Training Equipment Needed	# Students Needing Training		Do you have a plan to obtain this training?

Public Injury Prevention				
Program Needed	Equipment Needed	Supplies Needed	Target Audience	Follow-up

Use the space below to provide details concerning your needs and how the RAC might assist you:

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