# EMS EQUIPMENT committee questionnaire

|  |  |
| --- | --- |
| Employee Name: |  |
| Title: |  |

|  |
| --- |
| How long have you worked for San Bernardino County Fire and what ranks have you held? If you transitioned from another Department, how long were you there and what ranks? |
|  |
| Have you ever served on a Committee and do you feel that you would be able to maintain active participation? |
|  |
| What would you describe is your current level of familiarity with our EMS Equipment, including that which is carried on all types of apparatus (Engine, Ambulance, Air)? |
|  |
| What is the Ops Directive that is most directly associated with the EMS Equipment and give an example of one area that needs updating or improvement? |
|  |
| What qualities or personal characteristics do you have that you feel would make you a valuable member of the Committee? |
|  |
| Please add any additional information with which to consider you for a position on the EMS Equipment committee: |
|  |