



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)
Ambulance Operations (Fleet) Procedure
Fleet Management and Maintenance

Document reference number	NASOF003	Document developed by	National Fleet Group (NFG)
Revision number	9	Document approved by	NAS Leadership Team
Approval date	8th February 2011	Responsibility for implementation	Chief Ambulance Officers/Area Operations Mgrs
Revision date	31st December 2019	Responsibility for review and audit	National Fleet Group (NFG)

Table of Contents:

- 1.0 Policy**
- 2.0 Purpose**
- 3.0 Scope**
- 4.0 Legislation/other related policies**
- 5.0 Glossary of Terms and Definitions**
- 6.0 Roles and Responsibilities**
- 7.0 Procedure**
- 8.0 Implementation Plan**
- 9.0 Revision and Audit**
- 10.0 Revision history**
- 11.0 Appendices**
- 12.0 Signatures of Approval**

1.0 POLICY

- 1.1 In order to ensure the overall effectiveness, efficiency, economy and reliability of the fleet, the National Ambulance Service (NAS) adopts a national approach to fleet management and maintenance.
- 1.2 This procedures enclosed help to ensure a safe environment for staff and patients, along with facilitating the ongoing implementation of the vehicle replacement policy by the NAS.

2.0 PURPOSE

- 2.1 Ensure that safe and effective vehicles are available as and when required on a national basis.
- 2.2 Ensure age and mileage profiles increase on a uniform basis across the NAS.
- 2.3 Ensure preventative maintenance is carried out on schedule with minimal disruption to service provision.
- 2.4 Ensure maintenance and repairs are carried out as cost effectively as possible.
- 2.5 Identify immediately, defects that present a safety hazard to staff or patients.
- 2.6 Identify problematic vehicles and recurrent problems and source the cause.
- 2.7 Ensure the maintenance of records in relation to fleet management, maintenance, costs, economy, usage and suitability.
- 2.8 Ensure minimal downtime for national ambulance service fleet and equipment.

3.0 SCOPE

- 3.1 This procedure applies to all NAS staff while operating any NAS vehicle during the course of their duty

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. Policy – NASP009 –Operational Driving of NAS vehicles
- B. Policy – NASP010 - Vehicular Emergency Response
- C. Policy – HSE Records Management
- D. Procedure – NASOF002 – Daily Vehicle Inspection
- E. National Ambulance Service Safety Statement
- F. S.I. No. 190/1963: Road Traffic (Construction, Equipment and Use of Vehicles) Regulations, 1963
- G. Road Traffic Act(s)

5.0 GLOSSARY OF TERMS AND DEFINITIONS

Leading EMT – Supervisor (Paramedic/Advanced Paramedic)

6.0 ROLES AND RESPONSIBILITIES

- 6.1 It is the responsibility of the Area Operations Manager or their designate Manager to ensure the dissemination of this Procedure to all staff in their area of responsibility
- 6.2 The NAS Fleet, Equipment and Logistics Manager will have responsibility for ensuring appropriate vehicle allocations throughout the NAS.
- 6.3 The responsibility for ensuring that the management, maintenance, repair and cleaning of all vehicles at Station level lies with each respective Supervisor
- 6.4 Supervisors report directly to the Operations Resource Managers (ORM).
- 6.5 The responsibility for compliance with this Procedure lies with each member of staff. Supervisors are responsible for communicating the standards required to all staff within their area of responsibility.
- 6.6 Operations Resource Managers (ORM) will monitor the performance of Supervisors in consultation with the relevant Fleet, Logistics and Estates Manager (FLEM).

7.0 PROCEDURE

In order to achieve the overall purpose of this document, the following procedures are in place:

7.1 Supervision/Accountability

- 7.1.1 Each respective Supervisor will consult with and inform an Operations Resource Manager on all matters relating to fleet management and maintenance. The Operations Resource Manager shall be responsible for keeping the Fleet, Logistics and Estates Manager (FLEM) informed.
- 7.1.2 Each Fleet, Logistics and Estates Manager (FLEM) has overall responsibility and will monitor and support the Supervisor in the performance of their duties.
- 7.1.3 Each staff member should co-operate with and assist their respective Supervisor in carrying out his / her duties in relation to Fleet Management and Maintenance.

7.2 Fleet Management/Availability

- 7.2.1 Each respective Supervisor will be responsible for ensuring that the rostered number of vehicles at his / her Station is available for allocation by Ambulance Control.
- 7.2.2 Each respective Supervisor will be responsible for the assignment of NAS vehicles to shifts/crews to ensure an even increase in the mileage profiles of vehicles under his / her charge.
- 7.2.3 Each respective Supervisor should be contacted, where available, in relation to the temporary allocation of a vehicle under his / her charge to another Station. If he / she are not available, an Operations Resource Manager should be contacted. If he / she are not available, or if the situation is critical, then the decision will be made by the duty Control Supervisor/Emergency Medical Controller (as appropriate).
- 7.2.4 Each respective Supervisor should notify Ambulance Control and/ or the Operations Resource Manager whenever there will be prolonged or sudden unavailability of any vehicle particularly if it affects service provision. This will facilitate Ambulance Control in the planning of the daily workload.
- 7.2.5 The Operations Resource Manager and Ambulance Control must notify the relevant Fleet, Logistics and Estates Manager (FLEM) whenever there will be prolonged or sudden unavailability of any vehicle, particularly if it affects service provision.

7.3 Fleet Proactive/Reactive Maintenance

- 7.3.1 All vehicle servicing/repairs will be carried out in line with manufacturer's guidelines. Only service providers who have a current SLA/contract in place can be used for the various types of maintenance.
- 7.3.2 All vehicle heaters will be serviced during the summer months to ensure maximum operability during winter months (subject to Section 7.3.1 above).
- 7.3.3 Every staff member will carry out a Daily Vehicle Inspection at the commencement of each shift. A checklist is provided to aid in this task.
- 7.3.4 Every staff member should be vigilant for vehicle defects. All defects/problems should be notified to the appropriate Supervisor on the Vehicle/Equipment Defect Report Form.
- 7.3.5 Each respective Supervisor (subject to Section 7.3.1 above) will consult with the Fleet, Logistics and Estates Manager (FLEM) in relation to when preventative maintenance should be carried out to ensure that it is carried out in the most cost effective manner.
- 7.3.6 Supervisors will have access to spare vehicles where possible to facilitate the scheduling of vehicle maintenance.
- 7.3.7 Each respective Supervisor will ensure that vehicles are not treated in a manner likely to accelerate wear and tear.
- 7.3.8 In the event of a breakdown of any description, Ambulance Control should be contacted immediately to arrange the appropriate breakdown response.

7.4 Documentation/Reports

- 7.4.1 Each respective Supervisor shall ensure that each vehicle under his/her charge has a current Certificate of Worthiness and is currently taxed.
- 7.4.2 Each respective Supervisor shall ensure that the appropriate valid discs are displayed on each vehicle within his/her charge.
- 7.4.3 Each respective Supervisor shall maintain and submit appropriate records on the Fleet Management System on a monthly basis to include mileage, fuel consumption, maintenance carried out and the number of days each month that vehicles are out of service.
- 7.4.4 Each respective Supervisor will maintain Station records in relation to Vehicle/Defect Reports, actions taken and relevant vehicle maintenance as per Policy - Records Management.
- 7.4.5 Each Fleet, Logistics and Estates Manager (FLEM) will prepare and submit monthly reports to the Operational Support and Resilience Manager in relation to costs per Vehicle/Station.
- 7.4.6 Area Ambulance Headquarters staff will maintain a database of all invoices to facilitate the preparation of such reports.
- 7.4.7 Performance indicator reports relating to fuel/maintenance costs per kilometre will be prepared on a quarterly basis.

7.5 Staff input

- 7.5.1 Each respective Supervisor shall discuss on an ongoing basis, with staff under his/her charge, to ascertain if there are any needs in relation to vehicles that are not being met.
- 7.5.2 The Operations Resource Manager shall discuss on a regular basis with the Supervisors in order to ensure a regular dissemination of information.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to the Area Operations Managers, Operations Performance Managers and the Operational Support and Resilience Manager.
- 8.2 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
- 8.3 This Procedure will be available in electronic format for ease of retrieval and reference
- 8.4 Each Supervisor responsible for updating electronic Procedure Manuals will return the Confirmation Form to each Area Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will be reviewed whenever circumstances or a relevant event dictate.
- 9.2 It is in the interest of all staff members to ensure that this Procedure is adhered to as the best interests of both staff and patients alike will be best served by having a modern, well maintained and well-equipped fleet. This can only be achieved through a professional co-operative teamwork approach.
- 9.3 Due to the nature of the services provided, unexpected situations may arise that may not be addressed by this Procedure. If such an event should occur, common sense, teamwork and courtesy will ensure that staff overcome the problem.
- 9.4 Supervisors and Ambulance Managers will monitor the performance of staff within their areas of responsibility. Compliance will be monitored through regular review of the Fleet Management System.

10.0 Revision History: (This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	9	01/01/2017	No amendments	Fleet Logistic & Support Mgr

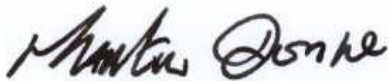
11.0 APPENDICES

- 1.1 **Appendix 1** – Form – Daily Vehicle Inspection
- 1.2 **Appendix 2** – Form – Vehicle/Equipment Defect
- 1.3 **Appendix 3** – Form – Ambulance Service Equipment List
- 1.4 **Appendix 4** – Procedure Acknowledgement forms

(All forms to be attached to Master Document)

12.0 Signatures of Approval

All persons must sign and date this page after they have read and understood the Standard Operation Procedure/Policy.



Martin Dunne
National Ambulance Service Director
On Behalf of the National Ambulance Service

Date: **3rd January 2017**

NAS Emergency Ambulance Vehicle

May 2014



Vehicle Equipment Inventory

Agreed at NASLT, 7th May 2014

HSE NAS Emergency Ambulance Vehicle Equipment Schedule

Paramedic Response Kit x 2 or Paramedic Response Bag & AP Response Bag (depending on crewing levels)

Paramedic Drug bag x 1 or AP Drug Bag x1 (depending on crewing levels) (Must have a lockable press in Ambulance for it)

Patient Comfort

Pillows x 1

Disposable Blankets x 6

Disposable Pillow Cases x 6

Paper towels x 2

Toilet Rolls x 2

Urinal – absorbent granule type x 4 (Uriwell?)

Bed pan – absorbent granules type x 4 (WAG bag?)

Incontinent sheets x 8

Clinical Waste Bags x 4

Disposable cups x 12

Water flask x 1

Hypothermic Blankets –Adult x 3 & Paed x 2

Carrying Devices

Agreed at NASLT, 7th May 2014

Item	Special Remarks	Size	Qty.	Req.
Trolley stretcher	C.E.N. vehicle – 4 point patient locking harness		1	
Ambulance carrying chair	Restraint strap		1	
Patient-handling aids	Banana board, Sliding sheet, path slide, gait belt in a bag		1	
Stryker chair	With restraint straps, with foot rests		1	
Vacuum mattress		Adult	1	
Carrying Sheet		Adult & Bariatric	1 of each	
Long Spinal Board	Complete with head hugger, spider straps/speed clips	Adult	1	
Orthopaedic Stretcher	Complete with head pads & 3 straps	Adult	1	
Child stretcher harness		Child	1	
Infant stretcher harness		Infant	1	
KED/TED	Vest type extrication device		1	
Stiff Neck Collars	Adult x 4/ Paeds x 2	Infant/Child /Adult		

Agreed at NASLT, 7th May 2014

Miscellaneous

Item	Special Remarks	Size	Qty.	Req.
Warning Triangle	Foldable with base Reflective		2	
Fire Extinguisher	Dry Powder (classe A, B & C)	2kg	2	
Sharps Container	Disposable(vehicle mounted)		1	
Water soluble bag	Contaminated laundry		3	
Clinical Waste Plastic bag	Yellow Clinical Waste	Large & Small	3	
Hand cleaning gel	(Vehicle mounted)		1	
Barrier Personal protection	Kit – complete with goggles and masks		2	
Gloves	(Vehicle mounted)	S/M/L/XL	1 box	
Emesis Sacs	(Vehicle mounted)		12	
Clinical Waste Bin	Vehicle mounted		6	
Non Clinical Waste Bin	Vehicle mounted		1	
Hand Cleanser Dispenser	Vehicle mounted		1	
Hand Towel Roll	Vehicle Mounted		1	
White Board – 25cm x 50cm	Vehicle Mounted		1	
Fluids warmer	Vehicle mounted	35°C	1	
Clock with countdown timer	Vehicle	Shows elapsed time, seconds	1	
Pigeon box container	Vehicle mounted		1	

Agreed at NASLT, 7th May 2014

Item	Special Remarks	Size	Qty.	Req.
Traction Splint	Bilateral device	Adult	1	
Vacuum Splints		Set	1	
Frac Straps		Set	1	
Sam Pelvic Sling II	Medium and large size		1 of each	
Mechanical CPR Device Where available	With alternative power source		1	
Entonox	D/CD		2	
Oxygen	F		2	
Oxygen	CD		2	
Low Reading thermometer			1	
Amputation bags			4	
Body Fluids Spill Kit			1	
PCR Report forms			12	
Octopus Device	Car/light van size		1	
Hot Packs			6	
Cold Packs			10	
Cruciform Labels			10	
Gel type burns kit	This amount of dressings can cover up to 10% BSA of two patients	20 x 45cm & 10x 40cm dressings	3 of each	
Cling film & dispenser for burns			1	
Maternity pack	Pre-packaged		2	

Agreed at NASLT, 7th May 2014

Neonatal wrap/bag			2	
-------------------	--	--	---	--

Fluids Pack

Outside pockets



- 6 Fluid Pockets with label inserts
- 0.9% NaCl 500mls x 3
- Dextrose 10% 500mls x 1
- Dextrose 5% 100mls x 2
- 0.9 % NaCl 100mls x 2



Fluids bag Inner section

Inside fluids kit

Safety Cannulae 14G, 16G, 18G, 20G, 22G, 24G x 2, Needles green x 5, blue x 5,
 blunt drawing up needles x 6, Baxter or Clave (Needle free bungs) x 8, 10 ml NaCl
 0.9% flushes x 6, Alcohol wipes x 10, Tourniquets x 4(disposable), I.V
 dressings (Tegaderm or equiv) x 6, Individual wrapped Gauze (or eyepads) pads x
 4, Giving sets (Microdrip) x 2, 10ml syringes x 4, 3ml x 4, 3 way taps x 4,
 Plasters x 6, Ampoule opening device x 1, 1" Adhesive Tape x 1

Inside Ambulance (Fluid Warmer)

- 0.9% NaCl 500mls x 6
- Dextrose 10% 500mls x 2
- 0.9 % NaCl 100mls x 2

Agreed at NASLT, 7th May 2014

Monitoring / Defibrillation

Monitor Defibrillator x 1 - (mounted and charging in vehicle)(ETCO₂, SPO₂- Adult/ child finger probes, ear probe),NIBP – with adult 12 Lead Acquisition and Transmission capability, manual/AED options)

Battery operated suction (mounted and charging in vehicle) x 1 (Disposable container/liner)

Pigeon boxes Stock

1. OPA's Infant to large adult sizes
2. Emesis Sacs x 4 & PEFR monitor mouthpieces (disposable, adult and child x 2)
3. Adult 100%NRB x 2 + Adult Nasal O₂ Cannulae x 2
4. Adult Neb Mask x 2 + Adult Multi-flow Venturi Mask x 2
5. Paed 100% NRB x 2 + Paed Nasal O₂Cannula x 1
6. Paed Neb Mask x 2 + Paed Multi-flow Venturi Mask x 2
7. Dressings x 4 (10x20); Conforming Bandages x 4 (4" & 6"), 1" Adhesive Tape x 1
8. BGL Lancets x 10; Alco wipes x 10, Plastersx10. Thermometer probe x 1 & box of 20 probe covers

Suction unit consumables:

1. Suction Yanker (Adult x 4 & Paed x 4)
2. Suction Catheters (French): 10 (Black) x 4; 12 (White) x 4; 14 (Green) x 4.
3. Suction Liners x 4
4. Suction Extension Tubing x 4

Agreed at NASLT, 7th May 2014

National Ambulance Service Vehicle/Equipment Defect Form



Station	<input type="text"/>	Mileage	<input type="text"/>
Vehicle Reg. Number	Call Sign	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crew Name 1	Crew Name 2		Serial No.
<input type="text"/>	<input type="text"/>		<input type="text"/>

Please circle defect found (if any) on relevant diagram below



Garage/Service Provider Name: _____
Description of Vehicle/Equipment Defect

Bag & Tag Serial Number _____

Signed..... Pin No. Signed..... Pin No.
 Crew Member 1 Crew Member 2
 Reported To: _____ Time: _____ Hrs
 Resource Manager Station Supervisor Control Supervisor/ EMC

Corrective Action Taken/ Resource Manager / Station Supervisor

Signed:
 Resource Manager Station Supervisor Service Provider
SERVICE PROVIDER COPY

National Ambulance Service Vehicle Pre-Shift Inspection Form



Station Date Time

Vehicle Reg. Number Call Sign Mileage/Kilometers Next service Due

Crew Name 1 Crew Name 2 Serial No.

Radio Test Mobile Phone Check Vehicle ECO mode Portable Handheld Radio Fuel Card in date

<input type="checkbox"/> Visual Warning Lights	<input type="checkbox"/> Check Oil Level	<input type="checkbox"/> Tail Lift Check
<input type="checkbox"/> Audio Warning (Siren)	<input type="checkbox"/> Check Tyre Condition (Visual)	<input type="checkbox"/> Scene Lights
<input type="checkbox"/> Parking/Dip/Headlights	<input type="checkbox"/> Wipers/Screen wash	<input type="checkbox"/> Vehicle Camera Check
<input type="checkbox"/> Indicators	<input type="checkbox"/> Start Engine	<input type="checkbox"/> Rear Heater
<input type="checkbox"/> All Brake Lights	<input type="checkbox"/> Driver ID Fob	<input type="checkbox"/> Mirrors
<input type="checkbox"/> Reversing Lights	<input type="checkbox"/> Fuel Level (Full)	<input type="checkbox"/> All Doors/Locks Operating Correctly
<input type="checkbox"/> Audio Warning, Tail-lift/Doors	<input type="checkbox"/> Check All Seat Belts Front & Rear	<input type="checkbox"/> Fire Extinguishers x 2
<input type="checkbox"/> Wheel Studs/Indicators in Line	<input type="checkbox"/> Saloon Lighting & Power	<input type="checkbox"/> Warning Triangle
<input type="checkbox"/> Vehicle Tax/DOE/SCA Displayed	<input type="checkbox"/> Waste Bin (Clinical Non Clinical)	<input type="checkbox"/> Octopus Device (Car/Light Van)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Flotation Device x 2

Please insert X if defect found or ✓ box if no defect found on relevant part of form. Please complete a Vehicle Defect Form, submit to Station Supervisor/Station Officer.



<input type="checkbox"/> PPE Issue	<input type="checkbox"/> IV Fluids (All) In Date	<input type="checkbox"/> PCR Forms
<input type="checkbox"/> Oxygen 2 X F Size	<input type="checkbox"/> Drugs Bag (Sealed)	<input type="checkbox"/> Bandages/Dressings
<input type="checkbox"/> Oxygen D/CD Size, Spare	<input type="checkbox"/> Gel type burns kit (Dispenser)	<input type="checkbox"/> Glucometer
<input type="checkbox"/> Entenox Size D	<input type="checkbox"/> Maternity Kit (Sealed) In Date	<input type="checkbox"/> Thermometer
<input type="checkbox"/> De-Fib Daily Check, Test Strip	<input type="checkbox"/> Cervical Collars All Sizes	<input type="checkbox"/> Body Bags
<input type="checkbox"/> Oxygen Masks	<input type="checkbox"/> Spinal Equipment (Complete)	<input type="checkbox"/> Emesis Bags
<input type="checkbox"/> Resuscitation Bag/Kit	<input type="checkbox"/> Sam Pelvic Sling II (Med & Lrg)	<input type="checkbox"/> CPG or CPG-AP Book
<input type="checkbox"/> Paramedic Response Kits	<input type="checkbox"/> KED/TED	<input type="checkbox"/> Hazchem Card
<input type="checkbox"/> Suction Unit	<input type="checkbox"/> Splints (Traction, Vacuum/Matress)	<input type="checkbox"/> Torch
<input type="checkbox"/> Carrying Chair (Compact)	<input type="checkbox"/> Immobilization Splints (All)	<input type="checkbox"/> Gloves Disposable
<input type="checkbox"/> Stair Climber Chair (Stryker)	<input type="checkbox"/> Frac Straps	<input type="checkbox"/> Triage Forms
<input type="checkbox"/> Stretcher(s)	<input type="checkbox"/> Orthopaedic Stretcher (Scoop)	<input type="checkbox"/> Sharps Container
<input type="checkbox"/> Stretcher Harness (Adult, Child)	<input type="checkbox"/> IV Cannulae (All Sizes)	<input type="checkbox"/> Blankets & Pillow
<input type="checkbox"/> Airway Management Adjuncts	<input type="checkbox"/> Hygiene Equipment	<input type="checkbox"/> Hot & Cold Packs
<input type="checkbox"/> Patient Handling aids (Complete)	<input type="checkbox"/> Barrier Personal Protection (Kit)	<input type="checkbox"/> Clinical Waste Bag
<input type="checkbox"/> Mechanical CPR device (If available)	<input type="checkbox"/> Hand Cleanser Dispenser / Towel Roll	<input type="checkbox"/>

This vehicle and its contents have been checked by us as part of our Pre-Shift Vehicle check

Initialed
Crew Member 1

Pin No.

Initialed.....
Crew Member 2

Pin No.

Document Control No. 1 (to be attached to Master Copy)

NASOF003 Fleet Management and Maintenance

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASOF003 Fleet Management

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

**Key Stakeholders Review of Policy, Procedure, Protocol or
Guidance Reviewer Statement**

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASOF003 Fleet Management and Maintenance

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:
(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

NASOF003 Fleet Management and Maintenance

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date