SOCC Project Signatures

Initial Project Presentation

Project name/idea: _____
_____
_____
_____
Project presented by: _____
Project assigned to: _____
Time frame assigned: _____
SOCC Chair: _____
Project tabled/rejected: _____

Project Research Presentation

Project presented by: _____
References: _____
_____
_____
_____
_____
Logistics
Cost per item: _____ Annual cost: _____Availability: _____
Suppliers: _____
Expiration: _____Packaging: _____
Storage on ambulance: _____
Education/Training
Education development required: _____
_____
_____
_____
_____
_____
Time per employee required: _____
Education signature: _____
Medical Director approval: _____

Presented to Administration

Cost benefit analysis: _____
_____
Director/Deputy Director approval: _____
OR
Director/Deputy Director - rejected: _____
Block training scheduled: _____
Project completed & filed: _____