

**ARIZONA DEPARTMENT OF CORRECTIONS  
MEDICAL TRANSPORTS STATEWIDE REPORT**

To include routine transports, pre-scheduled off-site health care transports, and emergency off-site health care transports

**CONTRACTOR NAME:** \_\_\_\_\_

**For Month and Year:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

	<b>ROUTINE TRANSPORTATION</b>	<b>EMERGENCY TRANSPORTATION</b>			
<b>Arizona State Prison Complex</b>	<b>Number of Arizona Department of Corrections Routine or Pre-Scheduled Inmate Transports using Department Vehicles</b>	<b>TOTAL EMERGENCY TRANSPORTS</b>	<b>Number of Arizona Department of Corrections Emergency Inmate Transports using Department Vehicles</b>	<b>Number of Arizona Department of Corrections Emergency Inmate Transports using Ground Ambulance</b>	<b>Number of Arizona Department of Corrections Emergency Inmate Transports using Air Ambulance</b>
<b>Douglas</b>					
<b>Eyman</b>					
<b>Florence</b>					
<b>Lewis</b>					
<b>Perryville</b>					
<b>Phoenix</b>					
<b>Safford/Ft. Grant</b>					
<b>Tucson</b>					

<b>Winslow</b>					
<b>Yuma</b>					