

**PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL**

**STAKEHOLDER COMMENT FORM  
PROPOSED RULEMAKING**

**Title 28. Health and Safety  
Part VII Emergency Medical Services  
Subpart A. Emergency Medical Services System**

Name: \_\_\_\_\_

EMS Region: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Section Number: \_\_\_\_\_

Section Title: \_\_\_\_\_

**Instructions:**

1. Comment on one section number per form.
2. Return completed form to PEHSC by emailing to [pehsc@pehsc.org](mailto:pehsc@pehsc.org) or by fax to (717) 795-0741

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Comments:

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Example:

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Suggested Revision: