



November 1, 2017

Travis County Star Flight
7800 Old Manor Rd
Austin, TX 78724

RE: PASSED EMS COMPLIANCE SURVEY NOTICE

Dear EMS Provider:

On or about October 27, 2017, the Texas Department of State Health Services (Department) conducted a compliance survey of your organization. The inspection was in accordance with the Texas Health and Safety Code Chapter 773 and the rules adopted there under. The survey found that you are in compliance with the Health and Safety Code as described on the Inspection Results Letter number: 9013, which is enclosed and adopted and incorporated by reference into this Passed EMS Compliance Survey Notice.

Thank you for your cooperation with the survey process. If additional information is needed by the department, a letter will be sent to the mailing address we have on file for your organization. If you have questions, feel free to contact your local EMS field office or group manager.

Please provide DSHS with feedback about your inspection by completing the Patient Quality Care Unit online customer survey questionnaire at: <https://www.surveymonkey.com/r/pqcu>.

Respectfully,

A handwritten signature in black ink that reads "Chris Meyer". The signature is written in a cursive style.

Chris Meyer, EMS Specialist
EMS Central Group
Desk: (512) 834-6700 ext 2317
Cell: (512) 934-7399
Fax: (512)834-6713
chris.meyer@dshs.texas.gov



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Division for Regulatory Services
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	TRAVIS COUNTY STAR FLIGHT	License Type	EMS Provider
Address	7800 OLD MANOR RD AUSTIN TX 78724	License Number	300247
Inspection Type	Survey	Inspection Number	9013
Inspector	MEYER, CHRISTOPHER	Inspection Date	10/27/2017

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of or visited your business on the date listed above. The information that has been gathered is subject to further department review, and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector/Sanitarian:

MEYER, CHRISTOPHER

Handwritten signature of Christopher Meyer in cursive.

Date: 10/27/2017

Owner/Operator/Manager:

Casey Ping

Handwritten signature of Casey Ping in cursive.

Date: 10/27/2017