

AEMT NON-TRANSPORT ۷EI

HICLE INSPECTION REPORT	



Office of Emergency Medical Services 2707 Mail Service Center

		Date: Location:			OFFICE OF EMS	Raleigh,	NC 27699-2	707	
PROVIDER INFORMATION			VEHICI	.E INFORMATI					
Provider Name:									
	Current Permit #: VIN:								
System Affiliation:	Assigned Vehicle Num	nber:	Model Year:						
Operational Level: AEMT		Manufacturer:	F	Fuel Type:	Gas	Gas Diesel 4 X 4			
Viper ID#:					71 -				
Mandatory (Automatic Failure) Items:	Required I	tems Continued:	This o	column intenti	ionally left blank	k			
Vehicle Body & Function		Medication Dosing Guide				N	Missing an er	ntire Man	datory
Warning Devices (Lights & Sirens) Two-way Radio Fixed	Lubricat						omatic Failu		
O2 Cylinder with Regulator		B Kit (Scissors, Bulb Suction	on,				ummary Sus		
Suction Apparatus	Cord Cla	Imps) Blanket (or Other Heat						permit.	
Bag Valve Mask (Adult & Child Sized Bags with		ing Device)					-		
Adult, Child, Infant, & Neonatal Mask)		neter (Low Temperature							
Defibrillator with Adult & PED Pads	Capabili					lf '	the vehicle h	as all ma	andatory
Sphygmomanometer (Cuffs & Devices PED,	Triage S	• /					pment (Automatic	matic Fa	Failure Items)
Normal Adult, Large Adult)	Disinfect	ant Hand Wash/Sanitizer				and	missing no r	nore tha	n (2) of the
Stethoscope	Disinfect	ant for Cleaning Equipmen	t			Red	quired Items	the vehice	cle permit
Trauma Tourniquet		ole Biohazard Trash Bags					will be	issued.	
Copy of Protocols		Control Kit (Mask, Gowns,							
Blind Insertion Airway Device with Syringe (Adult &		ts, Eye Protection, Shoe							
PED Sizes)	Covers)	= .							
IV Admin Set Micro/Macro IV Catheters in at least 4 Sizes		Latex Free)							
Needles in Various Sizes (1 Must be 1.5" for IM		Container (2 Sources)							
Injections)							Inspection	on Bosul	lto
Syringes (in at Least 3 Sizes)		ons and Fluid Kept in Clima ed Environment	ale-			PASS		JII Kesui	15
Waveform Capnograpy/Capnometry (Required for	ı	Name Displayed on Each	Side					0 " 1	
Intubation Only)	ı	e Tape on All Sides	0.00			1 21	missing items	= Satista	ictory
Endotracheal Tube Introducer (Adult & PEDS) (If		nophen or NSAID				> 2	missing items	= Unsati	sfactory
Performing Intubation)	Aspirin	•							
Mounted Fire Extinguisher	Beta-Ag	onists					eficiencies c	orrected	during
Doguirod Itomo		id Solution					nspection		
Required Items: Bulb Syringe (Separate From OB Kit)		ydramine					pproved		
Nasal Cannula (Adult/PED)	Epineph					□ N	ot Approved		
Nasopharyngeal Airways (3 Adult/3 PED Sizes)						Perm	nit #:		
Oropharyngeal Airways (3 Adult/3 PED Sizes)						Expir	ration:		
Non-rebreather with Tubing (Adult) & PED						-xp	u		
Rigid Pharyngeal Suction Device	Nitroglyo	erin					FAILED		
Suction Catheters (One between 6 & 10F)	Nasal Ad	dministration Device					-61 -6 - D	!4	
Suction Catheters(One between 12 & 16F)						1	efusal of a Po		
Suction Tubing Glucose Measuring Device						L F	ailed – Suspe	ansion is	suea
Glucose Measuring Device Pulse Oximeter (Adult & PED Sizes)									
Cervical Spine Immobilization Device									
(S,M & L)									
Burn Sheet									
Cold Packs									
Dressings, Bandages, Roll Gauze									
Triangular Bandages (At Least 2)									
Heavy Duty Scissors									
Occlusive Dressing									
Adhesive Tape									
Sterile Irrigation Solution Alcohol Wipes									
Alcohol Wipes Emesis Collection Device									
Comments:	<u> </u>		I	Inspection		Permit	ting	Compl	iance
							_	_ compi	
					resentative:				
For NCOEMS Use Only:				PERSONNE			LEVEL		
Inspector:				#1:			EMR EMT	AEMT	Paramedic
Date Entered in Continuum:	-		•	#2:			EMR EMT	AEMT	Paramedic
Date Entereu III Continuulli.				1					