DHSR		AEMT			Office of Emergency Medical Services	
		VEHICLE INSPECTION REPORT Date:		2707 Mail Service Center Raleigh, NC 27699-2707		
		Location:			aleigii, NC 27033-2707	
PROVIDER INFORMATION		VEHICLE INFORMATION				
Provider Name:	Current Permit #: VIN:					
		Assigned Vehicle Number: (Chassis):				
System Affiliation:		Manufacturer (Body): Year:				
Viper ID#:		Fuel Type: Gas Diesel 4 X 4: Y		_YN		
· ·	Ambulance Type: New Only: Height:					
Ramp Inspection Requires Mandatory Items; Spot Inspection A Full Inspection						
Mandatory (Automatic Failure) Items:	Required Items Continued:		Required Items Continued:			
Vehicle Body & Function Appropriate Restraints for Crew & Non-patient	Cervical Spine Immobilization Device (S,M, &L)		Acetaminophe	n or NSAID		
Passenger	Femur Traction Device (Adult /PED)		Aspirin			
Warning Devices (Lights & Siren)	PED Restraint Device Available to Restrain		Beta-Agonists			
Two-Way Radio in Front & Radio Control	<40lbs		Crystalloid Solution		Missing an entire Mandatory	
Device Mounted in Patient Compartment	Pediatric Spinal Immoblization Device or Short Backboard with Straps		Diphenhydramine		(Automatic Failure) Item may result	
Interior Dimensions (Min. 48" x 102") Wheeled Cot with Securing Straps	Head Immobilization Device		Epinephrine		in Summary Suspension or refusal	
O2 Cylinder with Regulators (2 Sources)	Adult Spinal Immobilization Extrication		Glucagon		of a permit.	
Suction Apparatus (2 Sources)	Device or Short Backboard with Straps		Glucose Solution			
Bag Valve Mask (Adult and Child Size Bags	Upper & Lower Extremity Immobilization Devices		Naloxone		If the vehicle has all mandatory	
with Adult, Child, Infant & Neonatal Masks)	Burn Sheet		Nebulizer		equipment (Automatic Failure	
Defibrillator with Adult and PED Pads Sphygmomanometer (Cuffs & Devices) for	Cold Packs		Nitroglycerin		Items) and missing no more than	
PED, Normal Adult & Large Adult	Dressings, Bandages, Roll Gauze		Nasal Administration Device		(2) of the Required Items the vehicle permit will be issued.	
Stethoscope	Triangular Bandages (At Least 2)				venicie permit will be issued.	
Heating and Cooling Source	Heavy Duty Scissors Occlusive Dressing					
Patient Compartment Lighting	Adhesive					
Trauma Tourniquet Copy of Protocols		rigation Solution				
CAAS or NFPA Ambulance Standard (Effective	Alcohol Wipes					
July 1, 2018)	Bed Pan					
Blind Insertion Airway Device with Syringe (Adult	Urinal Emesis Collection Device					
& PED Sizes)	Pediatric Medication/Equipment System					
IV Admin Set Micro/Macro IV Catheters in at least 4 sizes	Guides					
Needles in Various Sizes (1 must be 1.5" for IM	Sheets, Pillows, Pillow Cases, & Towels					
Injections)	Lubricating Jelly Sterile OB Kit (Scissors, Bulb Suction, Cord				Inspection Results	
Syringes (in at Least 3 Sizes)	Clamps)				PASSED	
— Waveform Capnograpy/Capnometry (Required for Intubation Only)	Thermal Blanket (or Other Heat Conserving				≤ 2 missing items = Satisfactory	
Endotracheal Tube Introducer (Adult & PEDS) (If	Device)					
Performing Intubation)	Thermometer (Low Temperature Capability)				> 2 missing items = Unsatisfactory	
Mounted Fire Extinguisher	Triage System					
Required Items:	Disinfectant Hand Wash/Sanitizer				Deficiencies corrected during inspection	
Bulb Syringe (Separate From OB Kit)		ant for Cleaning Equipment				
Nasal Cannula (Adult/PED)		ble Biohazard Trash Bags			□ Not Approved	
Nasopharyngeal Airways (3 Adult/3 PED Sizes) Oropharyngeal Airways (3 Adult/3 PED Sizes)	Infection Control Kit (Mask, Gowns, Jumpsuits, Eye Protection, Shoe Covers)					
Non-rebreather with Tubing (Adult) & (PED)	Gloves (Latex Free)				Permit #:	
Rigid Pharyngeal Suction Device	Sharps Container (2 Sources)				Expiration:	
Suction Catheters (One Between 6 & 10F)	Exterior Cleanliness Interior Cleanliness					
Suction Catheters (One Between 12 & 16F) Suction Tubing		ons and Fluid Kept in Climate-			FAILED	
Glucose Measuring Device		ed Environment			Refusal of a Permit	
Pulse Oximeter (Adult & PED Sizes)	Provider Name Displayed on Each Side				Failed – Suspension Issued	
Long Backboard with three (3) Backboard Straps		e Tape on All Sides				
or Equivalent Stair Chair or Folding Stretcher	Equipme	ent Secured in Patient				
	Compan	ment				
Comments:				ance Inspection:	Ramn Snot	
					· · · ·	
				Provider Representative:		
For NCOEMS Use Only:				I <u>EL – P#</u>	LEVEL	
Inspector:					EMR EMT AEMT Paramedic	
Date Entered in Continuum:					EMR EMT AEMT Paramedic	
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