

PARAMEDIC NON-TRANSPORT VEHICLE INSPECTION REPORT

EMS OTTICE of MAS

Office of Emergency Medical Services 2707 Mail Service Center Raleigh, NC 27699-2707

Acceptation of acceptance		Date:			OFFICE OF EMS	Raleigh,	NC 27699)-2707		
		Location:								
PROVIDER INFORMATION		VEHICLE INFORMATION								
Provider Name:	Current Permit #: VIN:									
System Affiliation:	Assigned Vehicle Number: Model Year:									
Operational Level: Paramedic										
·	Manufacturer:			Fuel Type: Gas Diesel 4 X 4						
Viper ID#:										
Mandatory (Automatic Failure) Items:	Required I	temsContinued:	Requi	ired Items C	ontinued:					
Vehicle Body & Function	Burn Sh			Glucagon			Missing an entire Mandatory			
Warning Devices (Lights & Sirens)	Cold Pa		GI	Glucose Solution			(Automatic Failure) Item may result			
Two-Way Radio Fixed		gs, Bandages, Roll Gauze		Naloxone			in Summary Suspension or refusal			
02 Cylinder with Regulator		ar Bandages (At Least 2)		Narcotic Analgesic				a permit.		
Suction Apparatus		outy Scissors		Nebulizer Nitroglycerin			F			
Bag Valve Mask (Adult & Child Sized Bags with	Occiusiv	e Dressing		Nasal Administration Device						
Adult, Child, Infant, & Neonatal Mask) Defibrillator with Adult & PED Pads		rrigation Solution		Sodium Bicarbonate			If the vehicle has all mandatory			
Sphygmomanometer (Cuffs & Devices PED,	Alcohol			Steroid Preparation			equipment (Automatic Failure Items) and missing no more than (2) of the			
Normal Adult, Large Adult)		Collection Device		Vasopressor						
Stethoscope		Medication Dosing Guide				Red	uired Item	ıs the ve	hicle permit	
Trauma Tourniquet	Lubricati						will	be issue	∌d.	
Copy of Protocols		B Kit (Scissors, Bulb Suction	on,							
Blind Insertion Airway Device with Syringe (Adult	Cord Cla									
& PED Sizes)		Blanket (or Other Heat ing Device)								
IV Admin Set Micro/Macro IV Catheters in at least 4 Sizes		meter (Low Temperature								
Needles in Various Sizes (1 Must be 1.5" for IM	Capabili									
Injections)	Triage S	• /					Inspec	ction Res	sults	
Syringes (in at least 3 Sizes)	Disinfec	tant Hand Wash/Sanitizer				PASS	ED			
Magill Forceps (Adult & PED Sizes)		tant for Cleaning Equipmen	t			≤ 2 r	nissing iten	ns = Sati	sfactory	
Waveform Capnography/Capnometry		ble Biohazard Trash Bags					•		satisfactory	
Monitor/Defibrillator with Electrodes & 2 Sizes of		Control Kit (Mask, Gowns, its, Eye Protection, Shoe				– 211	ilissing iter	115 - 0115	alisiaciory	
Pads or Paddles with 12 LEAD Capability	Covers)					□ D€	eficiencies	correct	ed during	
Pacemaker (External)	,	(Latex Free)					spection		•	
Intraosseous Device (Two Sizes) Needle (3" or Longer & 14ga for Chest	Sharps			☐ Ar	☐ Approved					
Decompression	Exterior Cleanliness						☐ Not Approved			
Surgical Cricothyroidotomy Airway Kit (Required	Medications and Fluid Kept in Climate-						Permit #:			
for RSI Only)	1	ed Environment	Cido			Expira				
ET Blades (3 Adult Sizes)		Name Displayed on Each : ve Tape on All Sides	Side			Expire	auon			
ET Tubes (3 Adult Sizes)		nophen or NSAID					FAILED			
ET Stylettes (Adult Sizes) ET Handles with Extra Batteries & Bulbs	Adenosi	•								
Endotracheal Tube Introducer (Adult & PEDS)	Antiarrh	ythmic (Amiodarone, Lidoca	aine,				efusal of a			
Mounted Fire Extinguisher	Procaina	,				∟ Fa	ailed – Sus	pension	Issued	
Required Items:	Antieme	tic								
Bulb Syringe (Separate From OB Kit)	Aspirin									
Nasal Cannula (Adult/PED)	Atropine Benzodi									
Nasopharyngeal Airways (3 Adult/3 PED Sizes)	Beta-Ag	•								
Oropharyngeal Airways (3 Adult/3 PED Sizes)		ockers (Metoprolol, Labetalo	ol,							
Non-rebreather with Tubing (Adult) & PED Rigid Pharyngeal Suction Device		Calcium Channel Blockers								
Suction Catheters (One between 6 & 10F)	(Diltiaze	. ,								
Suction Catheters(One between 12 & 16F)		Chloride/Gluconate								
Suction Tubing		oid Solution lydramine								
Glucose Measuring Device	Epineph									
Pulse Oximeter (Adult & PED Sizes) Cervical Spine Immobilization Device (S, M & L)		,								
SSTROM SPINO MINISTREAMON BOARDO (O, MI & L)										
Comments:				Inspecti	ion:	Permitt	ing	Con	npliance	
					epresentative:				-	
				1	•		I EVE	:1		
For NCOEMS Use Only:					PERSONNEL – P# LEVEL #1: EMR EMT AEMT Paramedic					
Inspector:			_				EMR EM			
Date Entered in Continuum:				#2:			EMR EM	IT AEM	T Paramedic	