



EMT
VEHICLE INSPECTION REPORT
 Date: _____
 Location: _____



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

PROVIDER INFORMATION

Provider Name: _____
 System Affiliation: _____
 Viper ID#: _____

VEHICLE INFORMATION

Current Permit #: _____ VIN: _____
 Assigned Vehicle Number: _____ (Chassis): _____ Year: _____
 Manufacturer (Body): _____ Year: _____
 Fuel Type: _____ Gas _____ Diesel 4 X 4: _____ Y _____ N
 Ambulance Type: _____ New Only: Height: _____ Length: _____

Ramp Inspection Requires Mandatory Items; Spot Inspection A Full Inspection

Mandatory (Automatic Failure) Items:

- ___ Vehicle Body & Function
- ___ Appropriate Restraints for Crew & Non-patient Passenger
- ___ Warning Devices (Lights & Siren)
- ___ Two-Way Radio in Front & Radio Control Device Mounted in Patient Compartment Interior Dimensions (Min. 48" x 102")
- ___ Wheeled Cot with Securing Straps
- ___ O2 Cylinder with Regulators (2 Sources)
- ___ Suction Apparatus (2 Sources)
- ___ Bag Valve Mask (Adult and Child Size Bags with Adult, Child, Infant & Neonatal Masks)
- ___ Defibrillator with Adult and PED Pads
- ___ Sphygmomanometer (Cuffs & Devices) for PED, Normal Adult & Large Adult
- ___ Stethoscope
- ___ Heating and Cooling Source
- ___ Patient Compartment Lighting
- ___ Trauma Tourniquet
- ___ Copy of Protocols
- ___ CAAS or NFPA Ambulance Standard (Effective July 1, 2018)
- ___ Mounted Fire Extinguisher

Mandatory for Expanded Scope of Practice:

- ___ Acetaminophen or NSAID
- ___ Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- ___ End-tidal CO2 (EtCO2) Detector
- ___ Beta-agonists (Albuterol, etc.)
- ___ Nebulizer
- ___ Aspirin
- ___ Epinephrine for Anaphylaxis/Allergic Reaction
- ___ Needles/Syringes
- ___ Nitroglycerin
- ___ Naloxone
- ___ Nasal Administration Device

Required Items:

- ___ Bulb Syringe (Separate from OB)
- ___ Nasal Cannula (Adult/PED)
- ___ Nasopharyngeal Airways (3 Adult & 3 PED Sizes)
- ___ Oropharyngeal Airways (3 Adult & 3 PED Sizes)
- ___ Non-rebreather with Tubing (Adult & PED)
- ___ Rigid Pharyngeal Suction Device
- ___ Suction Catheters (One Between 6 & 10F)
- ___ Suction Catheters (One Between 12 & 16F)
- ___ Suction Tubing
- ___ Glucose Measuring Device
- ___ Pulse Oximeter (Adult & PED Sizes)
- ___ Long Backboard with three (3) backboard straps or equivalent

Required Items Continued:

- ___ Stair Chair or Folding Stretcher
- ___ Cervical Spine Immobilization Device (S,M, & L)
- ___ Femur Traction Device (Adult /PED)
- ___ PED Restraint Device Available to Restrain <40lbs.
- ___ Pediatric Spinal Immobilization Device or Short Backboard with Straps
- ___ Head Immobilization Device
- ___ Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- ___ Upper & Lower Extremity Immobilization Devices
- ___ 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
- ___ Bed Pan
- ___ Urinal
- ___ Emesis Collection Device
- ___ Pediatric Medication/Equipment System Guides
- ___ Sheets, Pillows, Pillow Cases, & Towels
- ___ Lubricating Jelly
- ___ Sterile OB Kit (Scissors, Bulb Suction, Cord Clamps)
- ___ Thermal Blanket (or Other Heat Conserving Device)
- ___ Thermometer (Low Temperature Capability)
- ___ Triage System
- ___ Disinfectant Hand Wash/Sanitizer
- ___ Disinfectant for Cleaning Equipment
- ___ Disposable Biohazard Trash Bags
- ___ Infection Control Kit (Mask, Gowns, Jumpsuits, Eye Protection, Shoe Covers)
- ___ Gloves (Latex Free)
- ___ Sharps Container (2 Sources)
- ___ Exterior Cleanliness
- ___ Interior Cleanliness
- ___ Medications and Fluid Kept in Climate-Controlled Environment
- ___ Provider Name Displayed on Each Side
- ___ Reflective Tape on All Sides
- ___ Equipment Secured in Patent Compartment

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Missing an entire Mandatory (Automatic Failure) Item may result in summary suspension or refusal of a permit.

If the vehicle has all mandatory equipment (Automatic Failure Items) and missing no more than (2) of the Required Items the vehicle permit will be issues.

Inspection Results

PASSED

- ≤ 2 missing items = Satisfactory
- > 2 missing items = Unsatisfactory

- Deficiencies corrected during inspection
- Approved
- Not Approved

Permit #: _____

Expiration: _____

FAILED

- Refusal of a Permit
- Failed – Suspension Issued

Comments: _____

Compliance Inspection: _____ Ramp _____ Spot

Provider Representative: _____

For NCOEMS Use Only:

Inspector: _____

Date Entered in Continuum: _____

PERSONNEL – P#

LEVEL

#1: _____ EMR EMT AEMT Paramedic

#2: _____ EMR EMT AEMT Paramedic