### 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. 46" 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)
- Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- IV Admin Set Micro/Macro
- IV Catheters in at least 4 sizes
- Needles in Various Sizes (1 must be 1.5" for IM Injections)
- Syringes (in at least 3 Sizes)
- Waveform Capnograhy/Capnometry (Required for Intubation Only)
- Endotracheal Tube Introducer (Adult & PEDS) (If Performing Intubation)
- Mounted Fire Extinguisher

### Required Items Continued:
- Nasal Cannula (Adult/PED)
- Suction Catheters (Two for adult/PED)
- Suction Catheters (Two for adult/PED)
- Suction Tubing
- Glucose Measuring Device
- Pulse Oximeter (Adult & PED Sizes)
- Long Backboard with three (3) Backboard Straps or Equivalent
- Stair Chair or Folding Stretcher

### Required Items Continued:
- Nasal Administration Device
- Nebulizer
- Naloxone
- Nitroglycerin
- Naloxone
- Glucose Solution
- Nebulizer
- Nitroglycerin
- Nasal Administration Device

### Ramp Inspection Requires Mandatory Items; Spot Inspection A Full Inspection

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 issued.

### Inspection Results

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

- Deficiencies corrected during inspection
- Approved
- Not Approved

- Permit #: _________
- Expiration: ____________

### Compliance Inspection

- Ramp
- Spot

For NCOEMS Use Only:

Inspector: ________________________________

Date Entered in Continuum: ________________________________

Provider Name: ________________________________

Provider Representative: ________________________________

Date: ________________________________

Location: ________________________________