



AMBULANCE BUS
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: _____ Model Year: _____ Patient Capacity: _____
Manufacturer: _____ Fuel Type: _____ Gas _____ Diesel _____

Ramp Inspections Require Mandatory Items; Spot Inspections Require A Full Inspection

EMT Inspection

Mandatory (Automatic Failure) Items:

- ___ Vehicle Body & Function
- ___ Appropriate Restraints for Crew & Non-patient Passenger
- ___ Warning Devices (Lights & Sirens)
- ___ Two-way Radio in Front & Radio Control Device Mounted in Patient compartment
- ___ Wheeled Cot with Securing Straps
- ___ O2 Cylinder with Regulator (2 Sources)
- ___ Suction Apparatus (2 Sources)
- ___ Bag Valve Mask (Adult & Child Sized Bags with Adult, Child, Infant, & Neonatal Mask)
- ___ Defibrillator with Adult & PED Pads
- ___ Sphygmomanometer (Cuffs & Devices PED, Normal Adult, Large Adult)
- ___ Stethoscope
- ___ Heating & Cooling Sources
- ___ Patient Compartment Lighting
- ___ Trauma Tourniquet
- ___ Copy of Protocols
- ___ Carbon Monoxide Monitors (Front & Rear Patient Compartment)

Mandatory for Expanded Scope of Practice:

- ___ Acetaminophen or NSAID
- ___ Blind Insertion Airway Device with Syringe (Adult & PED Sizes)
- ___ Capnometry (Color)/Capnography 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 Kit)
- ___ Nasal Cannula (Adult/PED)
- ___ Nasopharyngeal Airways (3 Adult/3PED 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)
- ___ Wide Bore 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
- ___ Adult Spinal Immobilization Extrication Device or Short Backboard with Straps
- ___ Upper & Lower Extremity Immobilization Devices
- ___ Head Immobilization Device
- ___ 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 Patient Compartment
- ___ Mounted Fire Extinguisher (Minimum 5lbs. Front & Rear)
- ___ Sliding Curtain Behind Driver

TOTAL INSPECTION SCORING

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 issued.

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 - Temporary

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